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ABSTRACT

Research for this guidebook was initiated with the purpose of examining the goals, policies, content and materials and anti-drug programs currently being implemented in schools and communities in order to: 1) highlight successful practices of drug education; 2) devise criteria useful to educators in establishing, evaluating, and revising anti-drug programs in their local districts; and 3) provide ready reference to some resources currently available for drug education programs. A total of 48 school districts participated in the survey that formed the information nucleus for this guidebook, and the full list of districts included to facilitate requests for additional information. Each chapter of the guidebook is preceded by an "Agenda for Action", consisting of an introductory statement and several suggestions for discretionary action by drug educators. Extensive reference materials are included. (Author)

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DRUG EDUCATION:

POLICIES, PROGRAMS AND MATERIALS

08 007 073

-- DRUG EDUCATION --

POLICIES, PROGRAMS AND MATERIALS

Produced By

Philadelphia Suburban School Study Council - Groups A, B, C & E
and
South Penn School Study Council - Group D

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The Graduate School of Education
University of Pennsylvania
3700 Walnut Street
Philadelphia 19104

1970

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MEMBER SCHOOL DISTRICTS IN THE FIVE STUDY COUNCILS

Group A

Abington Twp.
Cheltenham Twp.
Darby-Colwyn*
Haverford Twp.
Lansdowne-Aldan
Lower Merion
Norristown Area
Radnor Twp.
Springfield Twp.
Swarthmore-Rutledge
Upper Darby Twp.

* Interim Member

Group B

Boyertown Area
Coatesville Area
Collingdale
Darby Twp.
Downingtown Area
Great Valley
Kennett Cons.
Oxford Area
Pottstown
Ridley
Sharon Hill
Springfield
Tredyffrin-Easttown
West Chester Area

Group C

Colonial
Hatboro-Horsham
Jenkintown
Lower Moreland Twp.
Methacton
North Penn
Perkiomen Valley
Pottsgrove
Souderton Area
Spring-Ford Area
Upper Dublin
Upper Perkiomen
Wilson
Wissahickon

Group D

Carlisle Area
Chambersburg Area
Cornwall-Lebanon
Derry Twp.
Gettysburg Area
Hanover Borough
Lebanon
Mechanicsburg Area
Middletown Area
Shippensburg Area
Upper Adams
Waynesboro Area
West Shore
York City

Group E

Antietam
Chester City
Chichester
Daniel Boone Area
Governor Mifflin
Interboro Joint
Marple-Newtown
Owen J. Roberts
Penn-Delco Union
Phoenixville Area
Rose Tree Media
Unionville-Chadds Ford
Upper Merion Area
Yeadon

PREFACE

Analysts of the American scene note with great interest the seemingly endless succession of perplexing social problems that emerge to the point of national recognition. They are impressed also by the popular tendency to lay much of the blame on the schools, while also expecting those institutions to redirect the behavior of our children and youth, if not their elders as well. Thus, the schools and their leadership are castigated for their failure to satisfy society's noble expectations, amid pleas from the masses to justify their faith in the schools. The challenge is formidable, indeed, especially to school administrators.

Among today's most troublesome problems facing the Nation, its schools, and other social institutions, is the wide-spread misuse of drugs. Aware of this growing phenomenon, the chief school administrators in the five study councils affiliated with the Graduate School of Education at the University of Pennsylvania, decided several months ago that much more vigorous programs pertaining to drug education must be undertaken in their respective school districts. Accordingly, the study councils launched a joint project whereby all of the member districts might share information regarding existing programs, resources, procedures and policies that pertain to drug abuse.

Data were supplied by 48 school districts, nearly three fourths of the total membership. The material submitted was substantial in amount, variety and quality. It provided impressive evidence of the vigor with which our schools were attacking the problem. While these data were being organized for reporting back to the membership, however, the nation-wide crisis of drug abuse continued to deepen. Meantime, a growing number of individuals, groups, school systems and other agencies of various kinds were eagerly groping for solutions and were initiating a variety of action programs.

From all sections of the Nation came an ever-expanding flow of news releases, statistical data, educational information, and reports of various projects and studies. Much of this information was especially pertinent and potentially valuable in terms of the original intent of the Study Council Project. It seemed advisable, therefore, to prepare an expanded report that would draw selectively from such sources in addition to the original sample of member school districts. Hopefully, it will serve more effectively as an action-oriented instrumentality for assisting local school officials as they strive to meet a vital need.

Considering the multiple demands and pressures imposed on our school administrators in this turbulent period, special gratitude is due to the members of our study councils who contributed to this report. Particularly noteworthy, however, is the persevering and perceptive work of Matthew M. Hickey, the research associate for the councils, who engineered the project and perpared the report.

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INTRODUCTION

Objectives of the Guidebook

Research was initiated with the purpose of examining the goals, policies, content and materials of anti-drug programs currently implemented in our schools and communities in order to:

1. Highlight practices of drug education which have achieved some degree of success.

2. Devise criteria which educators might find useful as they endeavor to establish, evaluate and revise anti-drug programs in their local districts.

3. Provide ready reference to some of the numerous resources currently available for drug-education programs.

Agendas for Action

Each chapter of this guidebook is preceded by an "Agenda for Action," consisting of an introductory statement and several suggestions for discretionary action by drug educators. The proposed directives are keyed by page number to the appropriate sections of the chapter for easy access to the amplified treatment of the directives.

Profile of the Sample

In all, 48 districts from the five study councils participated in the survey that formed the information nucleus for this guidebook. The responding districts included five from Group A, thirteen from Group B, eleven from Group C, eleven from Group D, and eight from Group E. In several sections of this report, reference is made by code numbers to the reporting districts. These notations are intended to facilitate requests for additional information that might be initiated by interested persons. The full list of coded school districts appears on the final page of this report.

Chapter 1 : DRUGS AND OUR YOUNG PEOPLE

--- AGENDA FOR ACTION ---

The extent of the so-called "drug problem" is well-nigh inestimable. Furthermore, efforts to calculate the extent of drug abuse by our youngsters may serve only to sensationalize the dilemma. Therefore, the following agenda for action suggests that planners of programs for drug education focus attention on individual students with drug problems rather than attempt to typify or even stereotype the drug user or abuser in the school district.

A. Recognize the fact that experts themselves are unable to reach agreement concerning the extent of drug abuse by our Nation's youth. They do agree, however, that the prevalence of drug abuse is serious and is growing. See page 4.

B. Seek a firm understanding of the factors and motives through which youngsters initiate drug use. See page 5.

C. Become familiar with the various schools of thought regarding initiation to drug use. The values of such schools of thought reside not merely in their identification, but also in their study whereby planners may be equipped to provide anti-drug programs more likely to reach individual students on their own terms and in relation to their specific drug problems. See page 6.

Chapter 1 : DRUGS AND OUR YOUNG PEOPLE

Drug abuse is not a modern problem. Opium, marijuana and cocaine almost certainly, were known to Stone Age man. Ways of cultivating and preparing opium, as described on Sumerian tablets in 7000 B.C., were substantially the same as today's methods. The abuse of opium has been traced as far back as 1500 B.C., when Egyptians indulged with intent to allay anxiety and despair. In Homer's Odyssey, written in the ninth century B.C., there is an apparent reference to opium which tells of:

> "a drug potent against pain and quarrels and charged with the forgetfulness of all trouble; whoever drank this mingled in the bowl, not one tear would let fall the whole day long ...."

Historically, the reasons offered for intensive use of drugs have remained relatively constant through the ages. Richard H. Blum writes that:

> One finds over the centuries man seeking -- and drugs offering -- health, relief of pain, security, mystical revelations, eternal life, the approval of the gods, relaxation, joy, sexuality, restraint, blunting of the senses, escape, ecstacy, stimulation, freedom from fatigue, sleep, fertility, the approval of others, clarity of thought, emotional intensity, self-understanding, self-improvement, power, wealth, degredation, a life-philosophy, exploitation of others, enjoyment of others, value enhancement, and one's own or another's death. Drugs have been employed as tools for achieving perhaps an endless catalogue of motives. (1)

It is unfortunate that few historians, anthropologists and archeologists have succeeded in providing evidence concerning the manner in which the problem of drug abuse may have been overcome by earlier civilizations. And what about today? The President of the United States recently remarked that "the past decade has seen the abuse of drugs grow from essentially a local police problem into a serious threat to the health and safety of millions of Americans." (2) What significant trends could have elicited such an alarming statement by the President? In 1966, Daniel Glaser identified seven distinctive features of drug usage in the United States through the period from World War II to the early 1960's:

1. An increase in the use of drugs by younger persons.
2. An increase in the extent to which drugs are used by persons of the lowest economic status.
3. The concentration of drug usage in persons of minority racial and national groups.

4. The concentration of drug use in large cities.
5. The wide-spread linkage of different types of drug use.
6. Increased association of drug addiction with various forms of criminality.
7. The use of new types of drugs. (3)

With the advent of a new drug-oriented culture in the 1960's the drug scene experienced a dramatic face-lift. Much of the current knowledge regarding drug usage seems to indicate that new and far more alarming trends in the use of drugs especially by young people are taking shape:

- While the cities might remain the major source of illegal drug traffic, the concentration of drug use is shifting toward middle-class suburban communities.

- Abuse of drugs has spread across racial and national delineations.

- Criminality to support drug habits is increasing in suburban communities and is being met principally with a punitive and restrictive response from local governments.

- A shift is occurring from dependence on chemical drugs to increasing usage of opium derivatives.

ESTIMATES OF DRUG ABUSE

Who are the young people who use and abuse drugs? How many addicts, experimenters and occasional users inhabit our communities and enroll in our schools? How serious a problem is drug addiction and drug abuse on a national scale? What percentage of our teenagers are using "hard drugs"? Despite many expressions of concern and alarm, little is factually known about the prevalence of and trends in adolescent drug use. Recent estimates, however, convey to some extent the seriousness of the problem.

Item: In 1961, the average age of entry into drug abuse was adjudged to be 16 - 17 years of age. Today it is said to be 11 - 12 years of age. (James D. McKevitt, District Attorney, Denver, Colo.)

Item: Nearly a quarter of a million people, one-fourth of them under 18 years of age, were arrested in the United States in 1969 on narcotic and other drug charges. (Federal Bureau of Investigation)

Item: The health educator at a leading university stated that on the average suburban block, as many as 50 percent of the youth may be smoking marijuana. (Dr. Norman Vincent Peale)

Item: Current estimates of heroin addiction range from 100,000 to 500,000 addicts in America. (Susan Hunsinger, Christian Science Monitor)

Item: More than 20 million Americans have used marijuana. By the time adolescents reach college age, some 25 to 40 percent have at least tried "pot." About 10 percent of all marijuana experimenters become chronic abusers of marijuana, LSD, barbiturates, amphetamines and other drugs. (Dr. Stanley Yolles, former Director, National Institute of Mental Health)

Item: The leading cause of death in the age group of 17 - 26 in 1969 was overdose of heroin. (Michael Baden, Asst. Medical Examiner, New York City)

Although the experts actively involved in the drug scene appear unable to agree upon the actual extent of drug abuse, they concur nevertheless regarding several features of the current drug problem which might differ considerably from the experiences of past societies with drugs.

1. Drug abuse is associated with youth.
2. Modern science has produced a plethora of chemicals and synthetic drugs -- many of which have mind-altering properties. Such substances are frequently taken for pleasurable purposes with little knowledge of the medical consequences.
3. In ancient cultures, drugs were often an integral part of tribal customs and religious rites, or preparation for warfare. Contrastingly, overt reasons for initial drug use today are generally ant-social in context.

INITIATION TO DRUG ABUSE

A study was conducted recently by Herbert D. Kleber at a large northeastern university to determine the reasons why 21 male students used mescaline and LSD. (4) All of the students knew others who had taken or were taking a hallucinogenic drug. They tended to be knowledgeable about the perceptual and emotional effects of the drugs.

When asked why they initially took the drugs, the students replied:

- To have a new experience
- To satisfy curiosity about perceptual effects
- To improve oneself
- To test philosophical-religious premises
- To increase self-knowledge
- To keep up with friends
- To rebel against parents/society
- To increase creativity
- To augment aesthetic appreciation
- To learn more about people

Kleber noted that the most common reason was "to try a new experience," which for many of the students represented a rationalization of a personal hang-up such as depression from being jilted by a girl friend.

Schools of Thought Regarding Drug Abuse

Few researchers of drug abuse seem inclined to espouse one set of presumptive causes to the exclusion of others. However, several schools of thought have evolved which emphasize variously the predominance of social, physiological, psychological or other factors.

The Personality School

Winnick and Goldstein studied a number of "glue sniffers" and found that many of them subsequently turned to marijuana and other drugs. (5) These researchers termed one category of glue sniffers as "hard core" and another as the "accidental," representing the two ends of a continuum. Obviously, the former are strongly habituated. But the latter indulge irregularly, are susceptible to peer-group influences and are able to give up the practice without undue difficulty. The personality of "accidental" glue sniffers is said to include predispositions such as withdrawal tendencies, moodiness, restlessness, lack of interest in school work and some tendency toward rebellion.

The "hard core" glue sniffers, on the other hand, tend to exhibit personality tendencies such as passivity and anxiety, disorganization, low opinion of self, difficulty in communicating, breakdown under stress and susceptibility to social pressure.

Winnick and Goldstein are among those theoreticians who propose that personality defects are essentially the causative factors which turn young people to drugs. In their words, "one of the deep-seated influences which turn a boy's interest to the sniffing of glue may be related to his inability to handle and cope with feelings of agression." Other studies of narcotic addicts have also pointed out that personality characteristics of the individual have a great deal to do with the development of an addiction.

The Behavioral School

Dependence or habituation may be developed toward any form of gratification behavior. The types of behavior associated with dependence and abuse, according to V. Alton Dohner, (6) are sexual behavior, drug use, eating, physical risk-taking, delinquency and violence. Gratification behaviors may comprise normal and socially acceptable ways to relax, to increase the enjoyment of life, to become involved in social situations or to provide mechanisms for coping with the problems of life. Over-gratification of normal acts and desires can result in health or social problems. The important factor in all forms of gratification behavior, according to the behavioral concept, is that over-indulgence results from the personal characteristics of the individual.

The Sociological School

From his research on opium addiction, Jordan Scheur has postulated what he regards as a sociological pattern pertaining to the natural course of opiate addiction. The process is said to include introduction to a narcotic substance in the presence of two or more persons, continuity of use that may be intermittent or persistent in groups of two or more, subsequent narrowing of human associations, eventual self-isolation and capitulation to drug use as a way of life, and finally a realignment toward group experience with similarly affected addicts exclusively. (7)

The Attitudinal School

Some theorists suggest that the sum-total of a young person's attitudes regarding both external and internal phenomena at a specific time may precipitate an initial experience with a drug and, in some instances, may account for further experimentation with other drugs. Among the attitudes expressed by those who turn to drugs are the following:

- Society is full of hypocrites.
- Competition has reduced the prospects of a satisfying future.
- The liberal-rational political system has not worked.
- There is a lack of credible models for young people to emulate.
- Most adults today can hardly be trusted.

The Cultural School

Howard S. Becker notes that persons become habituated to the use of marijuana through a process that is essentially cultural in nature and inclusive of the following steps:

1. Meeting people who will teach them how to use marijuana by deep inhalation, rather than by ordinary smoking, in order to produce marked physiological effects.
2. Using it in a social situation where these physiological effects are interpreted by others as evidence that the user is "high" and is supposed to feel happy, even though the the physiological effects may often include dizziness and nausea.
3. Defining the over-all effects of the total experience, including the social situation, as pleasurable. (8)

Each of these steps is abetted by the others, and all reflect the cultural and social setting in which the use of marijuana generally occurs.

The Developmental School

According to David P. Ausubel, three modes of child-rearing during middle childhood and pre-adolescence impair the development of motivational maturity. These are: 1) the extremely overprotecting parent who deprives the child of the opportunity to act independently; 2) the extremely underdominating parent who makes practically no demands on the child; 3) the extremely overdominating parent who makes demands on the child so far beyong the child's capacity that the child abandons all efforts to achieve these goals and seeks only escape from parent domination. (9) Ausubel views the drug experience as adjustive for individuals with any one of these three kinds of backgrounds because it reduces their aspirations for adult goals.

The Psychological School

It takes an addictive drug plus a person who wants to take drugs to make an addict. On a psychological basis, people who use drugs can be divided roughly into three groups:

1. Emotionally well-adjusted people who use potentially addictive drugs only as prescribed by their physician for medical treatment.

2. Neurotic people who decide without medical advice to use potentially addictive drugs in order to "feel better" or "get back to normal" mentally or physiologically.

3. Psychopathic people who take addictive drugs for the "thrill" they hope to get. (10)

Additional Schools of Thought Regarding Drug Abuse

Still other schools of thought concerning the factors associated with drug abuse and addiction have been identified. For example, the Environmental School emphasizes the effect of external forces upon the individual. Proponents argue that pushers, the availability of drugs and tacit acceptance by adults function together in forcing youngsters to experiment with drugs irrespective of their psychological set or social milieu. Meanwhile, theoreticians of the Educational School argue that young people are steered toward drugs principally by their peer group which serves to indoctrinate non-users, both passively and actively, covertly and overtly, in the demeanor and pleasures of the drug cult.

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Chapter 2 : DRUGS AND OUR SCHOOLS

--- AGENDA FOR ACTION ---

As the official guide for a school district's anti-drug program, the board policy which authorizes such programs is often found to be ill conceived, poorly written, inadequately documented and ineffectively transmitted to the parties involved. In many instances no board policy exists.

The agenda for action suggests steps which may be taken by boards and school administrators concerning policies for anti-drug programs as well as drug-usage surveys prior to the planning and adoption of the program.

A. Observe the proposed guidelines for drug-policy formulation. See page 19.

B. Design policies aimed at the prevention of drug abuse by youngsters. Frame the policy statements in the context of intervention primarily, rather than mere detection. See page 16.

C. Survey students in your school district regarding the use of drugs, seeking data at each grade level relating to the following categories. See page 21.

1. Types of drugs used
2. Frequency of usage for each drug
3. Length of time on drugs
4. Sex of drug users
5. Economic and social backgrounds of parents of drug users
6. Initial reasons for starting drugs
7. Alternatives to drug use sought by students
8. Attitudes of students regarding drug use
9. Types of anti-drug programs the students as clients deem effective
10. Reasons why some students <u>don't</u> use drugs
11. Career aspirations and academic abilities of drug users and non-users

Chapter 2 : DRUGS AND OUR SCHOOLS

> "I was struck by the large number of schools that have added anti-drug programs to their curricula without any clear notion of what they want to accomplish ... there is only a vague idea: WE SHOULD HAVE ONE."

Those are the words of a noted Boston physician and educator who has participated in many programs of drug education in colleges, high schools and junior high schools. Obviously, he has taken a harsh view concerning the effectiveness of those programs. His observations contain the admonition which many other experts have voiced to the effect that combating the drug-abuse problem in the educational arena demands extremely careful preparation and implementation. In the design of anti-drug programs, the prevailing curricular efforts of the overworked health education department or the austerity budget of the school district will no longer suffice as excuses for failure. Neither will the recommendations of a neighboring administrator who endorses the anti-drug program in his district because it "really turned the kids on."

It now appears that for any any program to succeed, it must be firmly established upon the explicit directives of the board of education as a prelude to planning, implementing and appraising the program by high-level administrators. Board policies, heretofore, as the crucial set of guidelines for a district's anti-drug program, have not received sufficient emphasis, consideration and attention.

BOARD POLICY REGARDING DRUGS

An analysis of the drug policies in 48 school districts that are members of the study councils resulted in the following generalizations:

1. Drug policies often are not written, are not documented nor are they disseminated.
2. The adoption of drug policies is often precipitant.
3. Some drug policies are personal expressions of deep-rooted philosophies which board members share concerning drugs.

4. Drug policies tend to be detection-oriented rather than intervention-oriented.

5. Drug policies vary considerably, not only in the drug strategies they authorize, but also in the relative importance of each strategy.

Written Drug Policy

Although only seven of the 48 responding districts currently have written policies regarding student possession of drugs, a number of others reported policies which are in the development stage. Table #1 lists what the policies attempt to do. The list also shows that some districts intend to adopt policies.

Table 1

DRUG POLICIES IN STUDY COUNCIL DISTRICTS

1969-70

Board Policy	School Districts That Replied N = 48	
	Number	Percent
Deals with student possession and use of drugs during school hours.	7	14.6
Incorporates drug education into general curricula.	17	35.4
Provides for the dissemination and discussion of drug-education materials in the schools.	4	8.3
To be adopted in the near future.	12	25.0

Policies should be clearly written concerning all the ramifications of drug use by youngsters in the schools and particularly regarding the strategies that schools employ in combating the drug problem. The need for written policies is based on the following rationale:

1. The schools have a responsibility, which has been sustained in the courts, to provide swift medical attention for students who are under the influence of deleterious drugs.

2. If drug-education programs are to succeed, they must engender attitudes of trust and credibility. While a written drug policy may not be entirely popular with students, an explicit policy has definite advantages over a well-intentioned but haphazard or ill-defined and undocumented policy.

3. The legal obligations of the schools to cooperate with parents and community in the enforcement of legal statutes are undeniable.

This rationale embodies both fear-instigated and prevention-instigated determinants. However, policies ought to be well written in order to insure that programs of drug education will be conducted expeditiously. On the other hand boards of education must be aware of the potential litigation which may ensue if one student is injured by another who has indulged in drugs. In such cases written policies which direct administrators and teachers to handle drug cases with human understanding place a board in a favorable situation.

Perhaps more importantly, because the drug problem is not and cannot be fully contained within school boundaries, parents and the community-at-large should have full understanding of the drug policies and the discretionary procedures they prescribe. Just recently, a school district mailed copies of its new drug policy along with information on the dangers of drugs and narcotics to the 5,000 homes within its jurisdiction. (1) Other avenues for dissemination and discussion of board policies on drugs include:

- Community drug-advisory committees
- Community seminars on drugs
- PTA-sponsored "drug information" drives
- Public relations councils of school administrators that utilize a multi-media approach
- Cooperation of fraternal and service-oriented organizations such as Rotary, Kiwanis, and the like.

The Adoption of Drug Policies

A review of the circumstances preceding adoption of drug policies in several districts suggests that board members sometimes act precipitously when provoked by civic, legal or personal misfortunes related to drug use by youngsters. Unfortunately, drug policies which are rashly adopted tend to get a poor reception from the school's clients and may be justly condemned as ill-conceived, over-respondent and irreconcilable with current procedures governing student behavior. Three recent cases may illustrate this point.

Case #1 -- Three weeks after a teacher in a Pennsylvania high school was arrested for alleged possession of marijuana, the board of directors ruled that any teacher or employee in possession of illegal drugs or found associating with known users of illegal drugs, automatically would be suspended and recommended for dismissal. When informed of the board's action, an official from the local branch of the ACLU commented that "the school authorities are getting hysterical. A real constitutional argument could be made on the dismissal of a person by association. Even if found guilty, the school authority would have to show some relevance." (2)

Case #2 -- Pushed by the John Birch Society, which advocated a hard-line approach to drug use by students, a California district adopted a policy in 1967 which called for immediate expulsion of a student for on- or off-campus drug use. Since February, 1967, a total of 475 students have been summarily expelled for drug use. A follow-up study nearly a year later revealed that only 75 out of 172 actually returned to the district. Of the remainder, 39 found some other means of education outside the district, while 58 had dropped out of school entirely. School authorities gloomily expressed doubt that the policy has deterred persistent drug users still in the school. (3)

Case #3 -- Responding to a local police report that youthful arrests for drug offenses had increased 300% during the previous year, a school board in New Jersey directed its administrators to submit a detailed plan for drug education at the next board meeting, two weeks hence. Pressed for time, and lacking a mandate for student and community involvement in its planning, the administration worked in closed sessions, devised the plan, and submitted it to the board as directed. The immediate reaction of the students and community was one of indignant criticism aimed at both the board and the administration for failure to consult with its clientele regarding the planning and implementation of the drug-education program. (4)

The top educational officer in Pennsylvania, Dr. David H. Kurtzman, insists that the "very nature of their role makes school boards responsible for maintaining and administering a school system and improving curricula. Thus, the major responsibility for changing student attitudes towards drugs must be assumed by local boards." In establishing anti-drug programs, cautions Kurtzman, "boards must first build their own background of understanding on what schools can offer. Then they must enlist the help of professional educators, law enforcement agencies, medical and social agencies and the general public." Kurtzman also recommends several steps toward developing an anti-drug program, including the following which emphasize careful planning that involves a variety of inputs.

- Enlist consultants who can meet with the board to explain new ideas of instruction in health education.
- Get help and advice from the community in planning drug-education programs.
- Establish policies outlining disciplinary measures for students found selling or using drugs on school grounds, work with the police and publicize these policies.
- Provide money, space and most important, the time to develop and pursue drug-education programs.
- Encourage staff and students to participate creatively in new approaches to drug education. (5)

Philosophies Behind Drug Policies

There is considerable evidence to suggest that drug policies framed by boards of education derive from the personally held beliefs shared by board members regarding the successful elimination of drug abuse and addiction. Such policies tend to be classified on a continuum extending from purely punitive in nature to purely medical in nature.

Board members holding the punitive philosophy tend to advocate exclusion of the drug user from participation in society via incarceration. The strategy for prevention relies on fear of the terrible penalities including isolation of the community's source of contagion. (6) A classic example of the punitive or enforcement philosophy toward drug use prevailed in Rupert, Idaho, in the spring of 1970. Six teenagers, ranging in age from 16 to 18, were convicted on charges of intent to sell drugs and were sentenced to the state penitentiary for terms of either four or five years. (7)

Proponents of the medical philosophy, however, regard the drug user as a sick person rather than a criminal and attempt to approach him from a medical and rehabilitative point of view rather than punitively. Drug abuse

is viewed as a behavior learned within a social context. Such a philosophy provided the foundation for a non-punitive drug policy adopted two years ago in a west-coast district. In the meantime, no student has been expelled or jailed for drug use. Instead, the policy offers principals a number of alternatives.

- Leaving a youngster in his present school, while referring him to a special counselor.
- Transferring him to a different school.
- Providing a temporary teacher at home.
- Sending him to night school or continuation school. (8)

The ultimate decision concerning the foregoing alternatives rests with the principals who take into account the recommendations of counselors and medical advisors. The policy, which has received wide-spread support from the local police and the parents, was adopted with the notion that youngsters who indulge in drugs ought to remain in the community for treatment and rehabilitation.

Policy Orientation: Detection Versus Intervention

Most school districts, when questioned concerning the fundamental objective of their drug-education programs, respond by saying that prevention is their chief aim. On the other hand, the major thrust of their policies concerning possession and use of drugs by students is either detection or intervention.

The following policy memo was distributed by the administration to the faculty and staff of a school district in New Jersey.

> Some of our students have been involved in the illegal use of narcotics. Because of their involvement the following policy guidelines have been established to assist you. When students talk to you about their involvement or indicate knowledge of narcotic usage, report this information to the administration promptly. Their discussion with you does not always mean they are actually involved; however, they do want your attention. If you suspect any student of being involved with narcotics, contact the administration for guidance. Administrative action after proper investigation will be:
>
> 1. Information concerning violations of the narcotics laws will be reported to the parents and the appropriate legal authorities.
> 2. Students suspected of being under the influence of narcotics will be observed by the school medical authorities and their parents will be notified.

3. Students, while under the jurisdiction of the school, believed to be distributing, selling, using, possessing or being under the influence of narcotics will be temporarily excluded from school pending further investigation.
4. Student lockers are subject to inspection by and at the discretion of school authorities. (9)

Such a policy is essentially detection-oriented. It is written and probably implemented with the intention of detecting drug users so that they might be legally prosecuted. Detection-oriented policies, unfortunately, may result in:

- Inadequate medical treatment of students who come to school under the influence of drugs.
- A breakdown of trust and credibility previously established among teachers, counselors and students. Such a breakdown may affect adversely the drug-education program and the detection program itself.
- The general feeling shared by administrators and teachers that their roles in anti-drug programs consist primarily of enforcement of legal statutes rather than prevention of drug abuse through education.

By way of contrast, a school district in Pennsylvania adopted the following policy which represents an orientation towards intervention where students are suspected of possessing and/or using drugs.

> The increasing problem of the mis-use of drugs on a National, State and local level mandates that the board establish the following policies.
>
> 1. A drug abuse referral team composed of a School Physician, the School Psychologist, the Director of Community Relations and as ad-hoc members representing the school involved, the School Principal and/or his Assistant Principal and the School Nurse is established to review known drug-abuse cases or any reports of anyone trafficking in drugs. The team members are to give this work priority over other responsibilities when summoned. Efforts will be made to assemble as many team members as is possible in each instance. The team will investigate, evaluate and recommend.

2. In some instances, individual teachers or counselors have developed the kind of relationships with certain students that will enable a student to confide in them about a drug problem. These teachers or counselors may be added to the referral team in cases in which they have been involved.

3. A student who, on school property, sells, gives away or in any way provides drugs to others will be suspended pending an investigation. The proper legal authorities will be notified. A student who on school property uses drugs will be referred to the drug-abuse team.

4. In all cases the Principal and/or his Assistant reserves the right to notify parents and authorities.

5. The immediate response in a case of illness or reaction from drug usage shall be to:
   a. Provide medical attention
   b. Notify parents or guardians
   c. Notify police authorities

6. The district is committed to providing a broad-based program of drug information to its students in the hope that this information will help prevent drug abuse by our pupils. (10)

Intervention-oriented policies and procedures differ from detection-oriented policies in two ways. First, while intervention requires that legal authorities are duly notified of violations concerning the drug laws, the approach demands that the medical safety of both the youthful drug user and his fellow students shall constitute the primary concern of administrators and teachers. This is not to say that the drug laws are flaunted, ignored or merely de-emphasized. On the contrary, respect for and concurrence with the laws are essential aspects of intervention. However, the well-being of the student and the community take precedence over technical compliance with law.

Second, the duality of intervention and prevention does not necessarily mean that the two are mutually exclusive. Administrators and teachers "intervene" in the flow and use of harmful drugs in order to "prevent" the physical, psychological and social degredation associated with drug abuse. If, indeed, a successful drug-education program impinges upon open trust and believable information, compassionate intervention may very well provide educators with:

- An effective means of communication
- Feedback for appraisal of anti-drug programs
- A weathervane regarding the nature of the drug scene.

Guidelines for Drug-Policy Formulation

A drug problem is a local problem. The youngsters affected are local youngsters. The causes and symptoms are local and indigenous. Most important, the policies which direct a school staff along avenues aimed at resolving the drug problem are local in origin, and the boards that draft the policies are held locally accountable.

The following guidelines for drug-policy formulation derive from an analysis of drug policies currently maintained in many districts. In some instances, they are generalizations stemming from research data. In other cases they are assumptions based on the recommendations of administrators and teachers. As guidelines, therefore, they should be carefully scrutinized by boards in order to judge their appropriateness in terms of local conditions.

Step One: Ascertain the extent of drug usage by students in the school district.

Step Two: Establish aims and objectives for the development of all anti-drug programs that will be initiated.

Helpful bases for developing directives regarding aims and objectives include the following:

- Results of a drug-usage survey
- Identification of prevailing philosophies and attitudes toward prevention of drug abuse which board members and the community hold
- Agreement as to the specific orientation toward intervention or detection in which the policies are to be cast
- Reexamination of drug policies maintained currently by the district and by neighboring districts
- Knowledge concerning policies and procedures or guidelines supported by various civic, professional and political organizations. See Table #2.

Step Three: Frame policies which direct administrators to plan an anti-drug program that is all-encompassing.

The various aspects of an anti-drug program in schools should include provisions for:

- Action regarding student and staff possession and use of illegal drugs on school property
- Drug education -- curricula, materials and personnel
- Cooperation with other anti-drug programs in the community.

Step Four: Review drug policies periodically as a part of the evaluation of the anti-drug program.

During each phase of drug-policy development, boards of education should not hesitate to seek advice from the community and also from recognized experts. However, the planning and programming functions are the ultimate responsibility of school administrators, while the teaching should be performed primarily by resident drug educators, the classroom teachers of the school district.

Table 2

ORGANIZATIONS THAT HAVE ISSUED DRUG POLICIES AND GUIDELINES FOR DRUG POLICIES, 1969-70

Name of Organization	Frequency* N = 48
National Education Assoc. (NEA)	26
Penna. Dept. of Education (PDE)	30
National Institute of Health (NIH)	8
National Institute of Mental Health (NIMH)	12
National Academy of Science (NAS)	4
U.S. Dept. Health, Education & Welfare (HEW)	19
U.S. Office of Education (USOE)	2
County & Local Mental Health Organs.	16
Penna. State Crime Commission	2
Penna. Dept. of Health	21
U.S. Bureau of Narcotics & Dangerous Drugs	14
County Medical Associations	6
American Medical Association (AMA)	12
American Bar Association (ABA)	4
Local Community & Citizens' Groups	13
American Federation of Teachers	1
Local PTA	4
Local Police Department	2
Kiwanis	2
National Assoc. School Secondary Principals (NASSP)	3
National Assoc. of District Attorneys (NADA)	4
American Health Education Assoc. (AHEA)	3
County Superintendent's Offices	10

* Frequency indicates the number of reporting districts which indicated they received guidelines for policies from the various organizations.

SCHOOL SURVEYS OF DRUG USE

In November of 1970 the Pennsylvania Department of Health released a report on a study of drug use among secondary school pupils in the State. (11) Data were obtained from a representative sample of nearly 7,000 of the Commonwealth's 1,200,000 enrollment in grades 7 through 12. Among the major findings of this study are the following.

- Eleven percent of all respondents in the junior and senior high schools are considered "high users."
- Of the students classified as high users over one-fourth live in rural areas, at least 31 percent come from suburban communities, and a little over 40 percent are from urban centers.
- Seventy percent of the respondents who are high users represent families in upper socioeconomic levels. Nearly 18 percent of their parents are professionals or technical personnel. Another 24 percent are managers, officials or proprietors of small businesses or farms. And 28 percent of the parents are clerical and sales personnel.
- Only 19 percent of high users have parents in the lower lower economic level and another 9 percent in the upper lower group.
- Unsurprisingly, the percent of high users increases in near linear fashion with successive grade levels, with an unusual jump between grades 8 and 9. Among seniors, nearly 1 out of 3 admit to being high users. The actual data by grade for responding high users are indicated below.

Grade	7	8	9	10	11	12
Percent	3.5	5.7	13.1	18.5	25.7	32.7

- Between 7 and 10 percent of students in junior and senior high schools admitted using heroin.

Accounts of School Drug Surveys

Estimates of drug use within our school districts have been made by a variety of persons, many of whom are not officially associated with the districts in any capacity. These estimates often reach the local press as witnessed by the following quotations from newspapers, student publications, and administration sources.

Item: Twenty percent of the Cheltenham High School students have used drugs at least three or four times. (Capt. Warren Harner, Cheltenham Police Dapartment)

Item: About 30 percent of the Scarsdale High School students have tried marijuana or hashish. The percentage of students using heroin is low, but the figure is growing. (school district administration)

Item: Pupil estimates of drug use ranged from 15 to 75 percent of the student population. They estimated that from two to 80 percent of the senior class had used drugs. (Upper Moreland, Penna., student newspaper)

Item: More than 70 percent of the 2,000 Bristol Township high-school students had contact with marijuana and hard drugs, with 40 students using heroin. (school district administration)

Item: Forty-six percent of all high-school seniors in Greenwich (Conn.) have smoked marijuana; 10 percent have tried LSD; and 3 percent have used heroin. (high-school student newspaper)

It is quite evident that data pertaining to drug use are being collected and reported by a variety of personnel including police officers, social workers, school administrators and students as well. Unfortunately, many of them are relatively naive regarding the techniques of well-founded research, and their findings as well as their conclusions are open to question. Nevertheless, such reports appear regularly, and the information is disseminated widely, especially via accounts in the popular press. The resulting impact on local citizenry should not be taken lightly by school officials.

Surveys of Drug Use in Study Council Districts

As part of the study initiated by the five councils in May of 1970, the members were asked: "Has your district conducted a survey of the extent of drug use and abuse in your schools?" Of the 48 responding districts, only 13 replied that a survey of drug use by their students had been made during the preceding two years. The results from 12 of those surveys are presented in Table #3.

Table 3

SCHOOL SURVEYS OF DRUG USE BY STUDENTS

Dist.	Origin	Sample	Results of Survey
#4	Pa. State Police	Community-in-general	Known users less than a dozen. Two cases assigned for special treatment. No serious drug use established. Center for supply was York, Pa.
#13	Soc. St. classes	Grade 9	Informal. Very small percent of use.
#18	Administration	Entire school	1968-69. Informal. Approx. 15% of students had experience with drugs. Doubtful if any "main-line" addicts.
#20	Administration	Jr. - Sr. High	Less than 1% involved in drug usage. None on hard drugs. Most involved in glue sniffing or pep pills. A few have used LSD.
#21a	School Paper	High School	Unofficial. High % in grades 12 & 10. Results not published due to questionable validity.
#21b	School Psych-ologist	Grades 9 to 11 health students	Students were requested to estimate % of fellow students who have tried drugs. Out of 32 respondents, 16 estimated more than 50% of student body and 16 said less than 50%.
#28	School Health Department	High School health students	Less than 4% had tried drugs. Also, 85% knew very little about where to get them and what types were available.
#29	Pa. Dept. of Health	High School	Questionnaire. About 20% of students had used marijuana one or more times.
#30	School Health Department	Grade 12 health students	Anonymous responses to questionnaire. Large % said they had tried marijuana. Very few indicated reliance on drugs.
#37	Pa. Dept. of Health	High School	Findings not released yet. Also conducted an informal survey in classes, but validity of survey questionable.
#39	School Paper	Soc. St. classes	64.5% responded. 84% never tried drugs. 9% tried and discontinued. 6% tried and then continued.
#41	Administration	Grades 7 - 12	Currently under study. Voluntary and confidential.
#42	SODAT	300 students in grades 7 - 11	Among findings: 13% felt drugs are the "in thing' to do. 25% felt drugs make a person feel good.

Note: Code numbers refer to districts listed in appendix.

Sample Format for Drug-Information Survey

The format that follows was developed and utilized by the Tredyffrin-Easttown School District. Students were cautioned not to use their names on the form. Completion of the questionnaire was strictly voluntary. The information obtained from the survey was not communicated to the general public. However, the data were used within the district to plan the drug-education program.

Directions: Do not use your name. Place an X on the appropriate space as your answer to each question.

General Information

1. Please circle your present age: 12, 13, 14, 15, 16, 17, 18, 19 or older
2. Male ____, Female ____
3. Please circle your present grade in school: 7, 8, 9, 10, 11, 12

	Yes	No
4. Have you used marijuana?	___	___
5. Have you used drugs other than marijuana?	___	___
6. Do you drink alcoholic beverages?	___	___
7. Do you smoke cigarettes regularly?	___	___
8. Do you hold a regular or part-time job?	___	___
9. Do you plan to attend college?	___	___

Attitudes Towards Drug Use

10. Do you believe drug abuse is harmful physically or emotionally? ___ ___
11. Do you think marijuana should be legalized?
    Now ____; Never ____; After further research ____

Do you think students use drugs --

12. because their friends do (to belong & be accepted)	___	___
13. to become a more interesting and exciting person?	___	___
14. to ease pressures and tensions caused by parents & schools?	___	___
15. for fun and pleasures?	___	___
16. other?		

17. Which of the above reasons do you think is the most important reason for drug use by students?
    15. ____; 16. ____; 17. ____; 18. ____; 19. ____

Have you attempted to become "high" by using any of the following?

18. cough syrup	___	___
19. glue, solvents, other inhalents	___	___
20. diet pills	___	___
21. other: _____		

The Use of Drugs

If you have experimented with drugs, please indicate how often you have used the following substances by checking the appropriate box:

		Number of Times			
		one time	two to five	six to ten	regularly
22.	Marijuana	___	___	___	___
23.	Amphetamines (speed ups)	___	___	___	___
24.	Barbiturates (downs)	___	___	___	___
25.	Heroin (scag)	___	___	___	___
26.	LSD	___	___	___	___
27.	Hashish	___	___	___	___
28.	Other: _____; _____				

If you have used drugs did you obtain them from:	Yes	No
29. students in your school?	___	___
30. students in the community who do not attend your school?	___	___
31. adults in the community?	___	___
32. other: _____		

Do you use drugs:

33.	when alone?	___	___
34.	as an escape from tensions and troubles?	___	___
35.	to overcome feelings of depression?	___	___
36.	just for fun?	___	___
37.	at parties?	___	___
38.	at home?	___	___
39.	other: _____		

40.	If you have experimented, did you ever experience any serious physical or emotional effects from using drugs?	___	___	
41.	If you use drugs now do you plan to stop?	___	___	Maybe ___
42.	Do you think the school should provide a drug-education program?	___	___	

43. Please offer any comments , suggestions, or reactions you have concerning this questionnaire, drug abuse, or how the school should help.

REFERENCES

1. Council Rock School District, Pennsylvania.

2. New Hope-Solebury School District, Pennsylvania.

3. Grossmont Union High School District, San Diego, California.

4. Cherry Hill School District, New Jersey.

5. David H. Kurtzman, "Leadership by Local School Boards," Compact, published by Education Commission of the States, Vol. 4, #3, June, 1970, pp. 34-35.

6. "Call the Police or Call the Doctor?," World Health, July, 1967, p. 35.

7. London Wainwright, "A Town Deals Sternly With Its Own," Life, November 6, 1970, p. 40.

8. Salinas Unified School District, Salinas, California.

9. Lenape Regional School District, New Jersey.

10. Coatesville Area School District, Pennsylvania.

11. George S. Larimer, Alvin H. Tucker, Jr., and Ellen F. Brown, "Drugs and Youth," in Pennsylvania's Health, Winter, 1970.

Chapter 3 : ANTI-DRUG PROGRAMS

--- AGENDA FOR ACTION ---

Programs for contending with the drug menace in our communities are varied in nature. Clinics, telephone "hot-lines," and resident treatment centers are just a few examples. Drug-education programs conducted by our school districts are also anti-drug programs. In fact, most programs which have been devised and implemented to overcome drug abuse by young persons contain some elements of drug education.

School administrators are likely to play an increasingly strategic role in anti-drug programs that are not directly under the auspices of the schools. Because of their expertise and experience in drug education, school administrators may be called upon to participate in the planning of these out-of-school programs. More important, they will have the opportunity to promote cooperative effort among various segments of their communities in the attack on the drug problem. The agenda for action may offer some help in this regard.

A. Become knowledgeable regarding the types of anti-drug programs currently available in your community. See page 29.

   1. Learn the philosophies, methods, facilities and resources of the programs. See page 29.
   2. Examine the interrelationships between other anti-drug programs and the drug-education program in your schools.

B. Take note of the contributions that school districts will be asked to make in relation to anti-drug programs outside of the schools, as well as the contributions those programs might make toward drug education within the schools.

C. Encourage close cooperation among the leaders of all anti-drug programs in which your students are likely to participate.

D. Offer your educational expertise to anti-drug programs, especially those that utilize drug education as one of their techniques for attacking drug abuse.

Chapter 3 : ANTI-DRUG PROGRAMS

As one enters the waiting room, one can not help but notice the large and gayly-painted walls. Amongst the psychedelic flowers, a message in bright orange demands to be read.

"no holding -
no dealing -
no using dope.
no pets.

any of these can
close the clinic.

WE LOVE YOU."

The waiting room is for out-patients reporting to the Haight-Ashbury Drug Clinic in California. The message on the wall, especially the last line, might serve well as the theme for any one of numerous anti-drug programs currently operated by a variety of civic, social, professional and service-related organizations in America.

CATEGORIES OF ANTI-DRUG PROGRAMS

The singular objective for all anti-drug programs is lessening the drug problem. Approaches for resolving this problem differ markedly in accordance with the following:

1. Philosophy concerning drugs of the sponsoring organization. See Chapter 1.
2. Methods and instruments utilized in order to combat drug usage.
3. Physical facilities maintained for anti-drug purposes.
4. Economic and personnel resources available to the anti-drug program.
5. Scope of the program, i.e., the numbers of people served and the sub-projects encompassed by the over-all program.

One feature of most anti-drug programs is drug education itself. Exclusive of such drug-education techniques, one may classify anti-drug programs according to at least the following six principal methods for treating drug-centered afflictions.

1. Telephone "hot-lines"
2. Emergency "crash-pads" or drop-in centers for treatment of those suffering from drug "hangover"
3. Out-patient clinics
4. Resident treatment clinics
5. Counseling and referral services
6. Group sensitivity and "awareness" centers.

EXAMPLES OF ANTI-DRUG PROGRAMS

The examples of anti-drug programs which follow are selected on the basis of the principal methods that are employed in attacking the drug problem.

Telephone "Hot-Lines"

Among the first of the non-punitive approaches to youth alienation and drug experimentation was the telephone "hot-line" or switchboard. Hot-lines are designed to fill a void by offering an outlet for confidential help. At least 95 hot-lines are presently operating in the various sections of the United States. (1) Basic criteria for those sponsoring a hot-line include the ability to handle information in confidence, to listen and respond in crisis situations, and to understand the youth culture.

EXIT (Penndel, Pa.)

Operating out of a former taxi-cab office, EXIT serves as an around-the-clock telephone counseling service. The purpose is to refer persons with drug problems to professionals; a large back-up staff of psychiatrists, doctors, lawyers and social workers consult with the referred persons, free of charge if necessary. The "hot-line" is manned by 20 youthful volunteers, some of them former hospital workers and ex-addicts who have kicked the habit. The program is funded from donations by concerned citizens and local businessmen.

Half-Way House (Crestmont, Pa.)

Located in a suburban community, Half-Way House is a drug-information and assistance center aimed primarily at helping youngsters with drug problems. In addition to the "hot-line," "rap sessions" with teenagers are conducted three nights weekly.

Pipe-Line, Inc. (Springfield, Delco, Pa.)

Founded by a group of residents in Springfield Township of Delaware Councty, Pennsylvania, Pipe-Line, Inc. sponsors 24-hour-a-day telephone service providing drug information and counseling.

Help, Inc. (Philadelphia, Pa.)

This hot-line service was one of the first in the United States to go into operation. With offices in Philadelphia, volunteer counselors receive calls from areas throughout the Delaware Valley. A small clinic has been added recently to take care of acute cases on an emergency basis.

"Crash-Pads" and Drop-In Centers

Young people call at these centers, drop in and sometimes live there. The purpose is to "rap," to "get it out and deal with it" or -- in straight language -- to talk with someone who will listen. The focus for drop-in centers is counseling, although "crash-pads" deal generally with emergency treatment. Both, however, refer clients to hospitals, clinics and psychiatric centers for more intensive treatment.

Damien House (San Mateo, Calif.)

San Mateo is a large suburb of San Francisco. Damien House is not a crash-pad for runaways. Its purpose is to offer an alternative to suburban youth who might otherwise head for the Haight-Ashbury area. About 400 youngsters drop-in each week. There is no rock music, no dim lighting, no couples dancing. The main furnishings include old-fashioned couches and a few books. Of course, there are staff personnel on hand.

San Francisco City Schools

Four high schools in San Francisco have set up crash-pads -- emergency treatment rooms for students suffering from drug hangover or "cloakroom coma" while in school. The treatment rooms are said to cost a total of $115,000.00.

Project Place (Boston, Mass.)

Located in an old tenement on Boston's South End, Project Place receives as many as 50 young people per night looking for a place to "crash." These youngsters are limited to three nights in residence, and the majority of them are referred to clinics for further care.

Out-Patient Clinics

Clinics are organized to treat severe cases of drug abuse and addiction for which hospital care is either not warranted or unavailable. Several types of clinics operate in the Eastern Pennsylvania area: methadone-maintenance clinics, drug-free detoxification clinics, group-therapy clinics, diagnostic and referral clinics and psychiatric clinics.

Drug Treatment Center (Reading, Pa.)

Under the direction of Dr. Peter T. Pugliese, the main thrust of the program is treatment of heroin addicts with methadone, a chemical substitute which blocks the effect of the drug allowing an addict to live a near-normal life. Several other methadone clinics are operated under State licenses in eastern Pennsylvania, mainly with Federal aid. Patients report to the clinics one-day-a-week for dosage of methadone and physical check-ups.

SODAT (Chester, Pa.)

Founded in 1968, Services to Overcome Drug Abuse Among Teenagers or SODAT offers a number of drug services: community education, counseling, programs for school assemblies. The out-patient clinic has treated 75 drug users to date, employing drug-free detoxification and group encounter types of therapies. In addition, SODAT officials estimate they have spoken before 31,000 adults and teenagers since the drug education program was instituted in early 1969.

Paoli Addiction Treatment Center (Pa.)

An adjunct of Paoli Memorial Hospital, the center provides an out-patient group therapy program for heroin addicts and persons with drug-related problems. Sessions are conducted nightly.

Abington Mental Health Center (Abington, Pa.)

Attached to Abington Memorial Hospital, the center is concerned primarily with diagnoses, evaluations and referrals of heroin addicts and pre-addicts.

Delaware Valley Mental Health Foundation (Doylestown, Pa.)

The clinic places emphasis on psychiatric care rather than drug-problem treatment per se. The guiding premise for psychiatric care is that treatment of root causes of drug abuse on the psychic level is the most effective form of treatment.

Resident Treatment Centers

In-patient hospitals and centers treat primarily drug addicts. Treatment consists of detoxification, substitution, group therapy, encounter and referral to half-way houses and out-patient clinics. Classified on the basis of care offered, three types of resident treatment centers are: methadone-substitution centers, chemical-free centers, and "faith" centers.

St. Luke's Medical Center (Philadelphia, Pa.)

Directed by Dr. James Guiffre, the center provides a 19-bed ward for youthful, male addicts. Treatment consists of methadone dosages which allow the addict to throw off the physiological dependence on heroin and replace it with the relatively safe drug. Patients are expected to remain in the hospital up to six months during which time they receive, in addition to methadone, psychiatric care and help in dealing with the tensions of reality and day-to-day problems.

Gaudenzia House (West Chester, Pa.)

More than 100 addicts and drug abusers are undergoing long-term, live-in treatment in centers located in West Chester and Philadelphia as well. During 18-24 month voluntary confinement, youthful patients participate in work and self-help projects in a chemical-free, drug-free "therapeutic community."

Teen Challenge (Philadelphia, Pa.)

The program is religiously oriented. Patients voluntarily commit themselves for a six-to-nine month confinement in a community based on strong religious and vocational programs involving "faith therapy." Patients receive no medication, and do not participate in encounter therapy.

Counseling and Referral Services

Many community organizations including professional associations, charitable groups and youth organizations have initiated services for drug abusers which provide personal counseling and referral of clients for medical assistance.

HIPID (Upper Darby, Pa.)

Help, Instruct and Prevent in Drugs (HIPID) is reached by youngsters and parents via a widely-distributed telephone number. Callers are referred to other agencies or are visited at their homes by a member of HIPID. The organization was formed in March of 1969, under the auspices of the Upper Darby Jaycees.

"Awareness" Centers

The focus for "awareness" centers is on the pre-addict. Encounter, sensitivity and group therapy are utlized in group sessions so that troubled youngsters can achieve a degree of self-awareness and come to grip with reality.

OPTION (Philadelphia, Pa.)

As a drug-awareness program with headquarters in northeast Philadelphia, OPTION schedules sensitivity training, human relations sessions and a variety of workshops for pre-addicts in yoga, ceramics and dance. The purpose of OPTION is to help troubled youngsters achieve a self-understanding that will give them the strength to overcome their afflictive inclination.

ALTERNATIVES TO DRUG USE

The most important aspect of an anti-drug program is the offering of alternatives to drug use and abuse. Methadone-treatment clinics provide the patient with a substitute drug, methadone. While the patient continues to be a drug addict, the substitute is far less debilitating, even to the point where the patient can return to society and the labor force. Additionally, methadone costs less to the patient and to society in general. No longer must the heroin addict rob and steal in order to support a habit that often costs as much as $50.00 per day. Thus, methadone treatment offers the alternative of detoxification from heroin and, secondly, a more acceptable form of social behavior that is conducive to an effective wage-earning status.

It is presently conceivable that other chemical alternatives may be found to aid in combating the problem of drug abuse. (2) However, there are two major requirements if this is to occur. First, there must be far greater understanding

and agreement regarding the causes of drug abuse, a substantial challenge as witnessed by the plethora of schools of thought concerning the motivation and other factors that tempt youngsters to use drugs. (See Chapter 1) In the meantime, many people are hard at work on the second requirement, that of providing constructive ways of "turning on" our youth. They are working on the assumption that young people intuitively wish to find alternatives to drugs. The grand challenge, therefore, is to provide consistent exposure to alternatives which could improve the quality of the life experience, induce personal satisfaction and encourage positive self-involvement. (3)

Most alternatives to drug use thus far offered in anti-drug programs have been devised and implemented in response to a specified reason for initial use of mind-altering chemicals. In ghetto or poverty areas the alternative may be access to a better life. "I grew up on the streets and used to see the cool dope pushers riding around in their Cadillacs" said a young black man in Chicago. "It seemed to be a choice between that glamour or being a guy who pushed a mop all his life."

Many young people are looking for a closeness that is not found in their own families. They search for a new family model, a communal experience. In an effort to help those teenagers who have families in name only, some suburban communities are starting alternative family units. In Newton, Massachusetts, nine youngsters moved in the fall of 1970 into Freeport House which serves as home base while they continue in school. A middle-aged minister and his wife, chosen by the youngsters themselves, serve as "house parents." One high school girl from a well-to-do suburban family said she found an alternative to drugs in reading to elderly residents of a nursing home. Her alternative, in essence, was concern for others. (4)

Many anti-drug programs consciously attempt to counter the claims made by youngsters to the effect that mind-altering drugs expand their awareness by providing alternatives which help them to accomplish this in other ways. Physical awareness is taught through refinement of perception of all the senses and through increased motor control. Psychological awareness is stressed, so that the individual is more aware of how he acts or reacts in given situations. (5) In a Berkeley high school students and their parents participate in Project Community, located in an old fraternity house on the University of California campus. Activities include "delving," a sort of "guided daydream," and experimental forms of dance, games, art and photography. Such activities seek mind expansion and heightened awareness without the use of drugs.

Several programs offer alternatives to experimentation and curiosity with drugs. A crafts center in Los Angeles, called "The Beginnings," has opened for alienated youth. As in a similar program in Los Angeles, called Project Dare, youngsters are encouraged to express themselves in experimental film-making, dance and drama.

The claim by young people that drugs assist them to discover or intensify creativity is also being countered with various alternatives. Youngsters are learning that creativity is an intrinsic characteristic of the individual which can be developed and expressed through the acquisition of knowledge and experiences, through the combination of experiences in new and different ways and through the evaluation of one's own personal creativity in terms of satisfaction and value to him. Youngsters are also learning to appreciate the aesthetics of music, art, nature and beauty without dependence on mind-altering drugs. (6)

Other alternatives to drug use are religion, social and political involvement and participation in organized sports. Pragmatically, the organizers of each anti-drug program must determine the specific alternatives that will be provided youngsters within the philosophical and methodological framework and fiscal limitations of the program. Significantly, these organizers must acknowledge a singular fact which has many implications for educators: nearly every alternative to drug use involves at least a modicum of learning, of instruction and of educational know-how.

In the future, the rationale maintaining that the ultimate resolution to drug abuse lies in education will receive considerable support from all segments of our communities. Drug-education programs which are developed and implemented by and in our schools will be evaluated carefully by organizers of other anti-drug programs who seek the know-how, experience and leadership of school districts in the over-all battle against the drug menace.

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Chapter 4 : SCHOOL PROGRAMS FOR DRUG EDUCATION

AGENDA FOR ACTION

Many school districts have programs for drug education which are inadequate and ineffective. Perhaps the most outstanding reason why districts have not been successful in drug education is that their programs lack depth and continuity in planning. The "carbon-copy" syndrome is rampant. Indeed there has been a tendency on the part of some school administrators, when directed by their boards of directors to devise plans for a drug-education program, to check among fellow administrators in order to determine the content of programs in neighboring school districts. This leads to inbreeding: the same consultants, ex-addicts and materials appear repeatedly.

The following agenda for action suggests that school planners make a special effort to develop programs for drug education assiduously, lest additional time and money be spent unwisely, and the futures of their youngsters be further jeopardized.

A. Begin to plan for drug education by carefully selecting the various components of the program.

   1. Establish goals that are germane and realistic. See page 37.
   2. Ascertain the levels of knowledge regarding drugs currently held by the students. See page 38.
   3. Determine the teaching methods most desirable for achieving the goals of the program. See page 38 .
   4. Design program formats and procedures with a view both toward reaching the students as well as utilizing the particular teaching skills of your teachers. See page 40.
   5. Select the context and content of the curriculum. See page 41.

B. Build a drug curriculum. Follow the guidelines beginning on page 43 or, preferably, devise guidelines specifically for your district.

C. Review programs for drug education currently implemented in other school districts. The purpose of this review is to acquaint planners with innovations and special techniques of drug education.

Chapter 4 : SCHOOL PROGRAMS FOR DRUG EDUCATION

The late President Kennedy's Commission on Narcotics and Drug Abuse issued this charge to the Nation's school districts:

> "An education program focused on teenagers is the sine qua non of any program to solve the social problem of drug abuse. The teenager should be made conscious of the full range of harmful effects, physical and psychological, that narcotics and dangerous drugs can produce." (1)

With this mandate, the school districts embarked on programs of drug education for their youth.

COMPONENTS OF SCHOOL DRUG-EDUCATION PROGRAMS

School programs for drug education generally contain six types of components: 1) goals for drug education, 2) pre-assessments of drug knowledge, 3) teaching methods, 4) program formats and procedures, 5) curriculum: content and context, and 6) evaluation.

Goals for Drug Education

The most commonly expressed goal for drug education in school districts is "prevention of misuse and abuse of drugs." Prevention, of course, is oriented toward outcomes or end-results. A more operational orientation, however, characterizes the following goal statement.

> The goal of a drug education program in the secondary school should be to provide information in such a manner that students can understand the social, medical, moral and legal implications of drug use in personal terms. (2)

Other statements pertaining to goals of current drug-education programs are also worthy of special note.

> The goal is to help them (students) develop attitudes and to acquire knowledge that will cause them to abstain from any form of drug abuse. (3)

> The objective of drug education is the prevention of drug abuse by influencing the behavior of the persons taught. (4)
>
> . . . it should be our focus to honestly give information on drugs and to leave the judgments of value to the individuals . . . (5)

Pre-assessments of Drug Knowledge

Before devising its drug curriculum a school should inventory the drug knowledge currently possessed by the youngsters. In this regard, David C. Lewis suggests that a prior assessment may avoid both overestimates and underestimates of student knowledge. (6) An overestimate is likely to be made when rumors and hearsay are equated with understanding and sophistication. The resultant curriculum then may omit entirely or treat too briefly topics about which students need real information. In contrast, underestimation of student knowledge concerning drugs may lead to presentation of content and materials that are redundant or unduly simplistic.

There is an urgent need for effective inventory instruments regarding student knowledge of drugs. Recently, Gelolo McHugh devised a 44-item Drug Knowledge Inventory for testing factual knowledge concerning habit forming and addictive drugs. (7) His purpose was to ascertain existing knowledge levels as the basis for designing drug-education programs and also to measure the effectiveness of such programs. More than 60,000 copies of his instrument already have been used in connection with drug-education programs conducted by schools, churches and other organizations.

Teaching Methods

Much has been said in recent years concerning the approaches to teaching which are requisite for a successful drug-education program. All-in-all, the major hope of reducing drug abuse is via an approach to potential users on their own terms, with restraint and respect, with solid facts and with complete honesty. (8) How the teaching is done, with how much skill and respect for the intelligence of the learners, are vitally important factors.

Considerable advice as well as numerous suggestions and cautions regarding teaching demeanor are being expressed and disseminated by professional organizations. The NEA, for example, has issued the following suggestions to teachers for communicating effectively with potential drug abusers.

1. Avoid panic over drug abuse.
2. Keep lines of communication open.
3. Avoid scare tactics.
4. Avoid creating an atmosphere of distrust and suspicion.
5. Avoid drug stereotypes.
6. Be well informed yourself about drugs.
7. Use drug-education materials as a springboard to discussion. (9)

Several writers caution teachers to consider the so-called "teen psychology" as they embark on drug education in their classrooms. A west-coast teacher, B.J. Montag, identifies three special characteristics of adolescents: rebellion, sensitivity and tendency toward extreme positions, which in his view require teachers:

1. To be aware of the danger of "turning off" the youngsters.
2. To be careful not to "protest too much" in order to avoid counter-productive curiosity when the purpose is merely to warn.
3. To understand that mind-expanding in itself is not necessarily destructive, and to persuade the youth of today that mind-expanding is possible without drugs. (10)

A recently opened experimental school for teenage dropouts from society has also given teachers some clues on how to communicate with potential drug-abusers. "Spring," as the school is known, has a clientele of middle-class youngsters who range in age from 15 - 18. Each student has physically dropped out from society and from the local high school. Some are addicts, some are pre-addicts and some only use marijuana. These students are extremely difficult to reach. They are already disenchanted with teachers of all sorts and are confirmed cultists of defeatism. Len Barron, 36-year-old director of the school, has studied the psychology of dropouts through his contact with Spring's clientele. His observations are remarkably appropriate for teachers who confront pre-dropouts in their classes every day.

- A lot of their (the students) honesty and love-rhetoric is phoney. These kids don't relate honestly to each other and they don't begin to know what love is.
- They are passive pill-poppers -- they reject the money, success and morality of their parents -- with no concern for the future or for themselves.
- In all their dealings with teachers, the students were treated with respect and interest, and as a result they began to trust the teachers.
- The students slowly changed their irresponsible behavior, amd more importantly, developed a curiosity about themselves. (11)

Program Formats and Procedures

In practice, it is virtually impossible to separate format from procedure. The activities a teacher uses in introducing drug topics to youngsters are in part determined often by the setting or environment for the class, and vice versa. Formats for programs of drug education run the gamut from one-time-only student assemblies to full-scale incorporation of drug topics into every curriculum of the schools. Various types of formats and procedures are classified in Tables #4 and #5. "Format" connotes dimensions of time, place and size, while "procedure" conveys the elements of activity and interpersonal relationship.

Table 4

CLASSIFICATION OF FORMATS FOR DRUG-EDUCATION PROGRAMS

Transitory	Recurrent
All-Day Seminar	Modified Curricula
Half-Day Seminar	Study or Discussion Groups
Student Assembly	Interpersonal Groups
Workshops in Classes	One-to-One Sessions
Field Trip or Observation	Case Studies

Table 5

CLASSIFICATION OF PROCEDURES FOR DRUG-EDUCATION PROGRAMS

Cognitive	Attitudinal
Lectures	Encounter Groups
Talks	Confrontation Groups
A-V Presentations	T - Groups
Conferences	"Rap" Sessions
Study Groups	"Speak Outs"
Q & A Sessions	Group Therapy
Discussions	Problem Solving

Educators experienced in planning drug programs insist that cognitive procedures alone are inadequate. Many youngsters know as much about drugs as their teachers know. (12) Transitory formats have not been typically successful. Many schools have tried to educate students about drugs by engaging reformed addicts to lecture at assemblies. Their impact has not been very great.

"This addict told the kids how you mix uppers and downers and how it tears you up inside," remarked a high-school junior. "And the kids were laughing and saying 'yeah, yeah;' it was a big joke."

Other schools have presented panel discussions on drugs, but with no greater success. (13) "They bring in a cop or a burned-out junkie, and the kids just sit back and giggle," related Bob Campos, director of a drug clinic in San Jose. Melodramatic lectures on the dangers of drug abuse simply fail to convince most high-school students. Their responses range from amused disbelief to misguided fascination. "Sure the film made LSD look terrible," said a sophomore in Needham, Massachusetts after seeing a drug-education film. "But it seemed so exciting I wanted to see how terrible." (14)

After reviewing many of the drug-education programs sponsored by school districts, Seymour Halleck, University of Wisconsin, concluded with two disconcerting observations:

1. Most drug education may actually encourage, rather than discourage, experimentation with illegal drugs.
2. Drug-education programs tend to distract schools and students from moral and social questions that are perhaps the very roots of the drug problem. (15)

Recurrent formats, coupled with attitudinal procedures may be far more successful approaches to drug education. Unfortunately, few teachers are trained specifically to utilize group and interpersonal processes with their students. In addition, parsimonious budgets simply rule out small classes and small group settings which are essential to the successful application of attitudinal procedures.

Curriculum: Content and Context

The curricular content for programs of drug education might be classified as either informational or behavioral in nature. Examples of such instructional elements are listed below:

- Lucid and fact-based information
- Sound reasons for not using drugs
- Alternatives to drug use
- Reasons why people do take drugs
- Aspects of drugs which are negative yet believable
- Knowledge regarding the incompatibility of drugs with other things young people want to do
- Conclusions reached by students on their own that drugs cannot do for them what they could do better without drugs

- Realization that the easy reliance on chemicals is immature behavior
- Growth in decision-making ability
- Awareness of social and ethical issues
- Careful consideration of the morality in searching for artificial stimulation or tranquility.

The curricular content which is ultimately selected by a school district is dependent largely upon the context in which it will be cast. At least five distinct contextual frameworks might be employed: facts not ethics; ethics not facts; individuals and their own decisions; family living; the "sick" society.

Proponents of the "just the facts, M'am" context argue that it is not the place nor function of schools to exceed the mere dissemination of factual information regarding drugs. They insist that the educational institution must not moralize nor impose moral beliefs or values upon students. Drug facts, of course, appear to be essential in any drug-education program. There are at least four separate but important sets of drug facts: medical; epidemiologic and demographic; legal; sociological and psychological.

Facts are considered important within the ethical context as well. However, the question arises as to whether pharmacological information on LSD, DMT and psilocybin will help students make decisions pertaining to their moral right to ingest, inhale or inject an illegal substance into their bodies? Seymour Halleck, a protagonist of the ethical viewpoint, acknowledges that drug education which concentrates on ethics may not discourage youth from using drugs, but at least it will give a young person some basis for making an ethical decision unbiased by the exaggerated views of his peers or parents.

Within the decision-making context, the primary focus is on rational decisions rather than morals and ethics. The assumption is made that the ultimate responsibility for using drugs rests with the student. Since the on-the-spot decision to take drugs is made by the student, education and information can be effective only if directed at the decision-making process. (16) Each individual student then must receive information that provides a sound basis upon which to make informed, constructive and rational judgements regarding drug abuse.

The over-all objective of the family-living context is toward helping youngsters develop normal, healthy personalities. Drug abuse is seen as a form of rebellion, escapism, psychological support-seeking or a search for meaningful relationships. Family-living theorists argue that students should have an awareness that anxiety, frustration, fatigue and even mild depression are part of every day life. Such awareness is a characteristic of a normal personality and can be encultured by emphasis on developing sound concepts of the individual, his personal image, his interpersonal relationships, how he handles success and failure, and his rights and responsibilities to himself, his peers and his family. (17)

Lastly, some drug-education programs seem to be cast in the "sick-society" context. The view is taken that the root causes of drug abuse are found in society-at-large: hypocrisy, social injustice and indifference to the breakdown of social institutions such as the family and religion. The educational program should acknowledge this reality, say proponents of the "sick-society" context, and the new generation should be encouraged to devise, foster and support alternatives to the present society which promote at least a glimmer of hope for a future society free of drug abuse and other evils.

Evaluation

In April of 1970, Nation's Schools published an article reviewing several programs of drug education. The writer concluded that "those drug programs that seem most effective have three features in common. They are frank, they avoid moralistic positions in favor of scientific ones, and they provide opportunities for student interaction through question-and-answer periods, research projects and small-group meetings." (18) Merely citing the commendable features of drug-education programs does not imply that thorough evaluations have been conducted. A review of the literature concerning articles on drug education published since 1965 revealed that only 8 of 26 drug programs actually contained appraisal mechanisms as essential features. Where post-program appraisal was carried out, the following criteria were generally employed as indicators of effectiveness:

- Enthusiasm of parents
- Interest of students
- Subjective appraisal by teachers
- Results from questionnaires distributed to students after conclusion of program.

Unfortunately, few of the programs were evaluated for evidence of pupil growth in concepts, skills, attitudes and academic aptitude. Appraisal should be made in accordance with the goals of the program. Theoretically, at least, the evaluation procedure should measure:

1. The acquisition of technical knowledge about drugs, i.e., names of drugs, effects, proper use, possible dangers and legal information.
2. The effect of the program on attitudes of students. (19)

BUILDING A DRUG CURRICULUM

As soon as the components of the over-all program for drug education in the schools are selected, the instructional elements must be organized into a

drug curriculum. At this time, several questions should be resolved by the program-planners.

- To what extent should drug instruction be part of the general curriculum?
- Which grade levels should receive drug instruction?
- Who should be involved in planning the drug curriculum?
- Who should teach the drug curriculum?
- What topical information about drugs should be taught?
- Which motivational forces should be emphasized?

The answers to these questions are not hard and fast. Each school district, after a survey of its youngsters regarding drug use and after a pre-assessment of their drug knowledge, will possess the details of its own, unique "drug-scene." The manner whereby the drug curriculum is ultimately organized depends greatly upon the local factors which strongly influence the answers to the above questions. The following guidelines are presented, not so much as pat answers to the questions, but rather as broad suggestions for the purpose of assisting curriculum planners to proceed with the development of a drug curriculum that is relevant in terms of local conditions and needs.

First: Make drug education part of the general curriculum.

> "Whenever possible, discussion of drug abuse should be integrated into the general curriculum rather than limited to a specific drug-abuse unit or lecture," says Robert C. Petersen, chief of drug-abuse studies at the National Institute of Mental Health. The incorporation of drug education into the general curriculum should involve recurrent formats, even to the point of conducting the drug curriculum within the ongoing classroom experience. In this way, attitudinal procedures can be applied in order that students may grow in self-awareness and in the decision-making abilities upon which drug use is contingent.

Second: Educate regarding drugs at all grade levels.

> Drug education should begin in the home. By the age of five or six, most children have formed some attitudes on drug taking. A specific context for drug education in the schools should be established and carried through all the grades, K -12. Children in kindergarten and through the third grade should learn that some drugs are potentially dangerous. During the middle grades, children begin to ask why people at family parties sometimes behave in strange ways. They need to learn more about the various uses of drugs, alcohol and tobacco in our society. Earlier descriptions of possible side effects can now be expanded with more information on actual physical and psychological effects. (20)

With junior high-school students, the emphasis should be on the moral, social and legal aspects of personal behavior. High-school students should be ready for more information concerning the psychology, physiology, biochemistry and pharmacology of drugs. Discussions might focus on decision-making, value judgements, behavior patterns and alternatives to drug abuse.

Third: Know your prospective clients.

When you think about drug curricula, cautions Allen Y. Cohen, keep in mind the requirements of three main types of youngsters for whom the curriculum must be effective.

Reluctant Drug Abusers -- e.g., heroin and narcotic addicts also high dose barbiturate and amphetamine users. These youngsters would like to stop using drugs but cannot because of physical addiction or fear of criminal prosecution. They need sympathetic programs and clinics, especially those to get them through withdrawal anxieties.

Satisfied Users -- e.g., users of marijuana, hashish, psychedelic drugs and low-dose-pill experimenters. These youngsters compose the greatest percentage of young American drug abusers -- experimenters with the so-called "soft" drugs. Most continue to turn on because they want to, and thus, must be educated so that their desire to use drugs is reduced.

The Potential Abuser -- e.g., the young student who has yet to try dangerous drugs. Here the goal is prevention and the vehicle is education. Along with giving students sound educational information, priorities should be oriented toward rational decision-making, not scare tactics. (21)

Fourth: Involve students in planning.

The involvement of students in the planning stages of drug-curriculum development will help avoid two drawbacks which many current curricula have exhibited: lack of relevance and absence of credibility. The school is often viewed by students as alien to their needs, especially when drug education fails to be relevant. At the onset of curriculum planning, the students should be asked what they want to know about drugs. The curriculum can then give priority to the areas of their greatest concern. In addition, their participation in the planning adds to their feelings that the curriculum will be designed to meet their needs and thus adds credibility to the curriculum. (22)

Fifth: School personnel should teach the drug curriculum.

There is no acceptable substitute for a good teacher working daily with the children. Resident specialists, outside consultants and speakers, special materials and the like, can be markedly helpful at times, but they are of secondary importance. Unfortunately, when regular teachers acknowledge their lack of familiarity with drug-related phenomena, many schools turn quickly to outsiders that include professional experts and ex-addicts, if not to expensive curriculum packages. Only a devoted teacher, in the long run, can provide the necessary continuity and appropriate selection of learning materials and experiences for the specific needs of her classroom groups.

"Many people have thought the ex-addict was the solution to the drug problem," says Paul Andrews, senior supervisor in drug education for the Massachusetts Department of Education. "But an ex-heroin addict can be as out of touch as any parent or teacher with the contemporary drug scene. There is a role for the ex-addict," he says, "but as one part of the total drug-education program, not as the exclusive approach."

Sixth: Do not limit content to narcotics.

The actual content of the curriculum should not be limited to a discussion of marijuana, LSD, amphetamines and heroin. Phenomena pertaining to alcohol and tobacco should be included. (23) Other suggestions that teachers may find useful regarding the content of the curriculum include the following.

- Teach personal responsibility for acts which may affect others.
- Discuss why people choose to behave in ways that may hurt themselves or others.
- Stress recognition of value judgements, justifications and rationalizations.
- Distinguish between legitimate use and misuse of drugs.
- Avoid information that sensationalizes drug abuse, such as statistics on arrests and deaths. Make the study of drug usage personally meaningful and significant to students as individual learners.

Seventh: Consider basic human motivations associated with drug abuse and abstinence.

In Chapter One, a host of factors were discussed which seemingly motivate youngsters to initiate drug use. The drug curriculum should consider those factors, as well as factors which might prevent youth from indulging in drugs.

> Student discussions of social motivating factors, like peer pressure and the influence of adult drug users, are as important as a consideration of personally motivating factors such as curiosity, boredom, defiance of authority and a search for a pleasurable or aesthetic experience. A discussion of motivations should deal also with the reasons associated with one-time use of a drug and the reasons for repeated drug use. (24)

SPECIAL EXAMPLES OF DRUG-EDUCATION PROGRAMS

Many programs for drug education that are currently being implemented in school districts around the country deserve careful consideration. The following programs, initiated by districts other than those in our study councils, are remarkable for their innovative approaches and thorough dedication to the needs of students.

Salinas (Calif.) School District

In 1968, the school district assigned Elgie Bellizio, a popular physical education teacher with 19 years of experience in the district, to tour the contemporary drug scene in California. For six months, the crewcut Bellizio accompanied narcotics officers on raids, visited the various treatment centers in his state and worked as a volunteer in San Francisco's Haight-Ashbury Clinic. He now holds regular discussions in classrooms with small groups of students and conducts informal programs for parents as well as "in-service" sessions for school nurses and other personnel in the district. Bellizio was largely instrumental in developing a policy adopted by his district and now widely supported in the community, that embodies the basic premise "to keep the kids in the community."

Project Concern (Winchester, Mass.)

A local pediatrician, Dr. Donald McClean, has organized Project Concern, a student-to-student drug-education program which has won praise from students and educators alike. A group of seniors and juniors go into the lower grades to discuss the kinds of problems young people have in deciding whether to use drugs. A similar program has been used in Monticello, New York.

Dope Stop (Phoenix, Ariz.)

More than 2,000 high-school pupils in Phoenix return to their elementary schools to tell fifth through eighth graders why teenagers should not use drugs. Norman Hovida, a 22-year-old former drug user, conducts monthly training sessions at 33 area secondary schools for about 2,500 teen counselors.

School Health Education Study (NEA)

Currently being tested in several school districts, this is a conceptual approach for teachers and students from kindergarten to 12th grade covering "Substances That Modify Moods and Behavior." The process components of the approach can be adapted for use among a variety of community groups, parents, teachers, clergy, law enforcement officers and voluntary health agencies.

Baltimore (Md.) City Schools

The elements of the program (curriculum, teacher-training, community involvement) are based on the objective that drug education must function in preventing misuse and abuse of drugs by influencing the behavior of the persons taught. This objective incorporates several ideas.

1. Educational programs must aid in establishing the worth and dignity of the individual.
2. Drug use is part of the social sciences and must therefore be examined as a social exchange and learning phenomenon.
3. Drug education is a part of health education. It is not an isolated topic.
4. Drug education is predicated on the theory that drug misuse and abuse are symptoms or manifestations of other problems.
5. Drug education is not a job for the schools only. It is one that embraces the entire community.

Pennsauken (N.J.) School District

In 1969-70, a drug committee composed of teachers was instructed to assay the drug problem. They collected information on drugs, drug programs, and materials, and then made recommendations concerning a program for drug-education in the Pennsauken schools. Ultimately, the committee suggested a three-phased program of preventive education, detection and rehabilitation. Recommendations included: policies for handling suspected drug users; a K-12 drug curriculum; and a community-wide committee for drug education.

Philadelphia (Pa.) Schools

During 1970-71, 750 public school teachers will participate in six Saturday conferences on the subject of drugs and their growing use in the schools. The sessions, emphasizing the preventive approach to drug abuse, are open to high school teachers of English, social studies, science and health education. At the same time, approximately 630 high school pupils chosen for their leadership potential, will participate in a similar series of conferences based on the philosophy that teenagers can better influence their peers than can teachers and members of the "establishment." The program is conducted by the Greater Philadelphia Council on Narcotics and Dangerous Drugs Abuse in conjunction with the Health and Physical Education Department of the public schools.

DRUG EDUCATION IN STUDY COUNCIL DISTRICTS

At one time, drug education in Pennsylvania's public schools was concerned primarily with narcotics. With the dramatic changes in the drug scene during the late 1960's it became clear that the prevailing approaches for dealing with drug misuse and abuse were failing. Recently, the State Department of Education directed school districts throughout the Commonwealth to devise and implement programs for drug education which reflect not only the severity of the drug problem, but also the specific idiosyncracies of the local drug scenes. Section 1513 of the School Laws of Pennsylvania reads in part:

> Physiology and hygiene, which shall in each division of the subject so pursued include special reference to the effect of alcoholic drinks, stimulants, and narcotics upon the human system . . .

In February of 1970 the Division of Health, Physical and Conservation Education issued a new curriculum guide for school health programs in Pennsylvania, "A Program Continuum for Total School Health." The guide is a useful tool now being utilized by schools in the study councils and by others throughout the Commonwealth. It includes a rationale for a unit on drugs and narcotics as well as other information regarding basic concepts, pupil outcomes and pupil-teacher activities according to suggested grade levels. The guide also contains a list of related references and resources.

The survey sponsored by the study councils was conducted to ascertain endeavors by which drug education is carried out in the member districts. Additionally, the kinds of practices whereby drug programs are implemented at the instructional level were explored. The results of this survey are summarized in Table #6.

Table 6

PROCEDURES AND METHODS FOR DRUG EDUCATION IN THE MEMBER DISTRICTS OF THE STUDY COUNCILS, 1969-70

N = 48

Procedures	Number of Districts	Procedures	Number of Districts
Modified Class Programs		Seminars	
Health Education	48	Half-Day	8
Science	25	All-Day	6
Social Studies	17		
Gym & Phys. Ed.	9	Poster Contests	8
Family Living	5	Classroom Workshops	
Psychology	2	One-Day	3
Others	8	One-Week	2
Student Assemblies	37	Field Trips	3
After-School Discussions	11	Forum	1
Student Club/Action Groups	10	Police Display	1
PTA Programs (after school)	10		

Tables #7, #8 and #9 provide some specific information about assembly programs conducted by member districts of the study councils during the 1969-70 school year. Additional information can be secured from the sponsoring schools whose code numbers are given in the tables and who are listed on the last page of this report.

Table 7

STUDENT ASSEMBLY PROGRAMS, 1969-70

District	Time	Title	Speakers	Films	Grades	Follow-Up
#4	45 min.	"Tell It Like It Is"	Chas. McPheeters (Antrim Bureau)	Alochol, Narcotics & Tobacco How Safe are Drugs Use and Misuse of Drugs Drugs and the Body	10-12	NI
#11	NI	NI	Wm. O'Keefe (Phila. Gen. Hosp.) Robt. Hopson (Pa. Narco Agent)	None	10-12	NI
#12	1 hour	"Drug Alert"	Robt. Morman Student Panel	Drug Alert Alcohol and Driving	10-12	NI
#14	1 hour	"Drug Abuse"	Henry Coleman, MD (Bryn Mawr Hosp.) Mitchell Wynn (Filmmaker)	Drug Abuse: Everybody's Hangup	10-12	Classroom Discussions
#16	1 hour	"Narcotics"	Lt. Wm. O'Shea (Hatboro Police)	None	7 & 8	NI
#18	1 hour	NI	Teen Challenge	For God's Sake Jail My Son	7-12	NI
#20	1 hour	NI	Rev. Frank Reynolds (Teen Challenge)	Youth In A Fix	11 & 12	NI
#22	1 hour	NI	Rev. Frank Reynolds (Teen Challenge)	Youth In A Fix	10-12	Classroom Discussions
#24	40 min.	"Ex-Drug Addicts Speak to Youth"	Two Ex-addicts (Gaudenzia House)	None	9-12	Classroom Discussions
#25a	90 min.	"Drug Education"	Rev. J. Bell (Teen Challenge)	Marijuana	7-9	Group Projects
#25b	90 min.	"Drug Education"	George Barto (Teen Challenge)	None	7-9	Classroom Discussions

NI = Not Indicated

Note: Code numbers refer to districts listed in appendix.

Table 7 (cont'd)

STUDENT ASSEMBLY PROGRAMS, 1969-70

District	Time	Title	Speakers	Films	Grades	Follow-Up
#26	45 min.	"Drug Use"	Sgt. A. Riccardi (Lansdale Police) Two Ex-addicts (Eagleville)	Narcotics Story: The Inside Drugs & The Nervous System The Distant Drummer	7-12	Classroom Discussions
#27	43 min.	"Drug Use & Abuse"	Trooper G. Bolla (Pa. State Police)	None	10-12	Classroom Discussions
#37	45 min.	"Drug Abuse"	Carl Vine (Gaudenzia House) Dr. F. Matthews (SODAT) Dr. C. Fillinger (City of Phila.)	None	10-12	Classroom Discussions
#39	45 min.	"Drug Abuse"	Former Addicts (Gaudenzia House)	NI	10-12	Question & Answer Periods in Health Ed.
#43	45 min.	"Drugs"	Dr. V. Miraglia (Lankenau)	Narcotics - Why Not? LSD - Insight or Insanity	6-12	Classroom Discussions
#44	1 hour	"Teen Challenge"	John Ross, et al (Teen Challenge)	None	7-12	Classroom Discussions
#47a	90 min.	"Drug Uses"	Rev. Frank Reynolds (Teen Challenge) Rev. J. Palmquist (Teen Challenge) Dr. P. Pugliese, MD (Berks County)	Youth In A Fix Escape To Nowhere Flowers Of Darkness	11	Classroom Discussions
#47b	50 min.	"Drug Use & Abuse"	Rev. D. Robinson (First Church of the Brethren) J. B. Hoffman (Pa. Dept. Health)	The Distant Drummer Bridge From No Place	11	Classroom Discussions
#48	1 hour	NI	Dr. L. Rosen, MD (SODAT)	None	7-12	Question & Answer Period in Classes

Table 8

HALF-DAY PROGRAMS FOR STUDENTS, 1969-70

District	Time	Title	Speakers	Films	Grades	Follow-Up
#7	3 hours	NI	Dr. L. Rosen, MD (SODAT) Dr. F. Matthews (SODAT)	LSD - Insight or Insanity	7-12	NI
#15	2 hours	"Drug Orientation"	Jack Schell (Teen Challenge)	Youth In A Fix	9-12	Question & Answer Period
#17	3 hours	NI	Staffs- Gaudenzia House & SODAT	The Distant Drummer Marihuana	NI	NI
#29	2 hours	"Drug Abuse"	Staff - Eagleville Hospital	None	7-12	Classroom Discussions
#31	90 min. per day	"Pilot Drug Program" (3 days per week for 7 weeks)	Staff - Eagleville Hospital	None	10-12	Informal Discussions in Summer via Agencies
#32	2.5 hrs.	"Drug Abuse"	Lt. T. Lennon (Radnor Police)	None	10-12	Classroom Discussions
#37	2 hours	"Drug Seminars" (on three dates)	Dr. V. Miraglia Mrs. Sally Green Lankenau)	None	10-12	Classroom Discussions

Table 9

ALL-DAY PROGRAMS FOR STUDENTS, 1969-70

#2	All Day	"Drugs - Their Use And Misuse"	Staffs - CONFRONT, State Police, Dept. Health, Gaudenzia House	LSD Marijuana Speed Scene Narcotics: Pit of Despair	9-12	Homeroom Program Classroom Discussions Personal Study
#13	All Day	"Drug Abuse"	Teen Challenge	Youth In A Fix	7-12	Classroom Discussions
#22	All Day	NI	Teen Challenge	Youth In A Fix	10-12	Classroom Discussions
#32	All Day	"The Long Road Back"	Gaudenzia House	None	7-	Classroom Discussions
#42	All Day	NI	SODAT	Drugs & The CNS	7-12	Classroom Discussions

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20. V. Alton Dohner, Op. Cit., p. 21.

21. Allen Y. Cohen, "Open Letter to Policy Makers," Compact, published by the Education Commission of the States, Vol. 4, #3, June, 1970, pp. 16-17.

22. David C. Lewis, Op. Cit., p. 46.

23. David C. Lewis, "Drug Education," NASSP Bulletin, December, 1969, p. 1.

24. David C. Lewis, "How the Schools Can Prevent Drug Abuse," NASSP Bulletin, May, 1970, p. 48.

Chapter 5 : STAFF DEVELOPMENT FOR DRUG EDUCATION

-- AGENDA FOR ACTION --

For drug-education programs to succeed, school personnel must be available who are in direct contact with youth regularly and who are equipped with skills commensurate to the problem. The agenda for action recommends various steps which school administrators may take in order to insure that their professional staffs will possess the necessary skills for effective drug education.

A. Be sure to recognize the various teaching skills of successful drug educators and to identify teachers who possess those skills or might be trained as drug educators. See page 58.

B. Utilize the most promising elements from the numerous programs of staff development which are designed to train and develop drug educators. See page 59.

C. Analyze the staff-development programs of other school districts which provide in-service training in drug education. See page 62.

Chapter 5 : STAFF DEVELOPMENT FOR DRUG EDUCATION

If there are any skeptics who are inclined to minimize the drug menace, they should hear the dreadful rhyme that some seven-year-old children are singing on Pennsylvania school buses. The lyrics go with the tune "Frere Jacques," the French kindergarten melody, better remembered as "Are you sleeping, are you sleeping . . ." The new version:

Marijuana
Marijuana
LSD
LSD
Scientists make it
Teachers take it
Why can't we?
Why can't we? (1)

How might the recitation of this jingle by grade-schoolers be interpreted? Does it mean that seven-year-olds are becoming acid heads? Does it mean that teachers have been smoking marijuana in the presence of their pupils? Very unlikely. The following conclusions appear more tenable in light of present knowledge concerning the drug scene.

1. Word has filtered down from older children that drugs are associated with fun.

2. Either youth are ignoring the teaching/preaching of school authorities and therefore are remaining uninformed about drugs, or youth are receiving misinformation concerning drugs which is apparent in the flippancy of the jingle.

3. Probably, the former statement is nearer to the truth. Youngsters are tuning out "establishment" teachers when they expound on the drug problem, for any or all of these reasons:

   a) teachers tend to preach, nag, lecture and cajole instead of educate about drugs.
   b) teachers are often uninformed regarding drugs. Many youngsters actually know considerably more about drugs than either their teachers or their parents.
   c) teachers are scarcely provided with adequate staff-development opportunity nor appropriate teaching materials for effective drug education.

SKILLS FOR DRUG EDUCATORS

The nature of the drug problem -- its pervasiveness, its social stigma and its affliction of the person -- demands that drug educators in our schools possess certain highly refined skills or abilities, including the capacity to:

- Understand the drug subculture and the functions of drugs in various groups
- Assimilate background information concerning drugs from the legal, pharmacological, physiological and medical points of view
- Identify the symptoms of drug abuse in youngsters
- Relate honestly and candidly with youth
- Become intensely involved in teaching pupils to face reality, to learn alternate behaviors and to learn appropriate ways to seek alternatives
- Develop increased awareness of one's own feelings
- Achieve credible communication with others
- Attain rapport with all segments of the community, especially with parents
- Feel comfortable in a variety of educational settings: individual counseling, encounter groups, seminars and discussions, and large-group presentations
- Make it clear when one is operating on opinion and when on facts
- Permit airing of all sides of the drug issue, and let students draw their own conclusions
- Avoid preaching, nagging and cajoling youngsters concerning drug use
- Confront effectively the self-destructive behavior attitudes and values of youth
- Utilize a multi-media approach in presenting drug materials.

Skills needed by drug educators may be categorized as content-based, attitudinal, behavioral and communication skills.

STAFF DEVELOPMENT PROGRAMS FOR DRUG EDUCATORS

Drug educators themselves must learn the skills they are to use in helping children and youth combat the dangerous misuse of drugs. They gain knowledge, attitudes and behaviors via challenging staff-development programs. Many such programs for the training of drug educators are currently available from various agencies or institutions--school districts, community-action groups, drug clinics, rehabilitation centers and local, state and federal agencies.

School Districts

Staff development programs conducted by school districts generally consist of one or two seminars for the entire staff of the districts during which former addicts, health officials and law enforcement agents discuss the work they are doing to attack the drug problem within their jurisdictions. Such programs seem to emphasize the knowledge-based skills for drug educators, almost to the exclusion of other skills. The programs selected for inclusion here, in contrast, provide a more balanced approach to skills development.

Baltimore City (Md.) Schools

To reach as many school personnel as possible, several training patterns are employed in the in-service drug education program. Initially, one-day institutes are conducted for teachers in areas of curriculum such as science and physical education. The team approach is then introduced, and most schools presently have teachers from several disciplines trained as a team. Additionally, all schools participate in a three-day conference each year, focusing on presentations of information from recognized authorities, discusssions of divergent points of view concerning the problem of drug abuse and sharing of experiences, problems and solutions relative to the specific children.

Basic tenets of the over-all program include: helping teachers develop an understanding of their roles in drug education; gaining an awareness of the fact that pupils often are quite knowledgeable in the area of drugs; and recognizing the relationship between drug abuse and life itself. An ongoing mini-program is sustained in each school by its team which plans small-group seminars that are intended to reinforce these basic tenets. (2)

Moorestown (N.J.) Public Schools

Under the leadership of the health education coordinator for the district, the training program for teachers serves to improve communications as well as to provide drug information. To assist in the communications process, 30 high-school pupils participate in the program as team members with the faculty in group discussions. These sessions stress social process, human interaction and self-awareness. Eight teacher-training days are scheduled for 1970-71. Private and parochial teachers also participate in the program. The format for each training day consists of preliminary presentations by leading authorities on the drug problem, films and student panels. Follow-up activities include small-group discussions and leadership seminars under the direction of specially-trained teachers acting as group facilitators.

Community-Action Groups

Composed of physicians, lawyers, businessmen, clergy and countless other concerned citizens, community-action groups usually are established as planning and fund-raising organs for community-wide programs. While their primary purpose is drug education, many groups such as Project Concern in Winchester, Massachusetts, have instituted teacher-training programs as ancillary projects.

Drug Clinics and Rehabilitation Centers

Clinics and centers were originally established to treat addicts and pre-addicts in an out-patient or in-patient environment. More recently, they have also been involved in abuse prevention and drug education in general.

Eagleville (Pa.) Hospital

While Eagleville is primarily an in-patient hospital for the treatment of addicts, the institution also endeavors to educate students and teachers concerning drugs, educate faculty in the counseling of students, create a vehicle for student-educator interchange on a meaningful, personal level, and to help communities set up drug-education programs. A pilot program is currently underway whereby groups of teachers and their students visit Eagleville Hospital for a day to observe an inpatient group . They then meet with staff and residents for discussion. Subsequently, a series of five to ten sensitivity sessions are then conducted at the school during school hours on a weekly basis.

Phoenix House (New York City)

Established in May of 1967, the program at Phoenix House has grown to become the largest of its kind in the nation for the drug-free treatment of heroin addicts. Approximately one-third of more than 1,000 full-time patients are less than 21 years old. In the field of teacher training, a group of former Phoenix House residents now contract with school districts to spend three to six weeks in the schools, working directly with teachers and administrators as they devise curricula, participate in in-service programs of education and learn the family-living approach to drug education.

Federal Programs

Education Professions Development Act

This act has provided $3,000,000 in grants to train teachers and other school and community people in drug education. All 50 states have already received funds in accordance with state and local programs and needs. The grants range from $38,000 to $180,000, depending upon student population. Much of the money is being used to send teachers and others, including students, to one of four national training centers operated by the federal government. The centers are situated at four universities -- San Francisco State, Texas, Wisconsin and Adelphi (New York). Each of the teams attending the centers subsequently tour its home state during the next school year for the purpose of conducting drug-education workshops.

New Jersey gets $81,164 of the money, and according to state coordinator William Burcat, it will be used to train teachers throughout the state. New Jersey recently completed a training program for 350 teachers in grades 7 through 12 under a state-funded program. These teachers return to their home districts and set up local teacher-training projects. The federal money, Burcat said, will be used to do the same for teachers in kindergarten through sixth grade.

Pennsylvania will receive $141,000 and will spend it somewhat differently, according to coordinator Robert Zeigler. The state will set up six development centers at universities. The centers will choose one or two directors, and these will be sent for training to one of the centers operated by the Federal Government. Upon their return, the directors will organize a number of workshops at each of the six state centers for teams of trainees to be comprised of teachers, community leaders and students. The teams then return to local communities as anti-drug leaders.

TRAINING DRUG EDUCATORS IN STUDY COUNCIL DISTRICTS

The survey of drug education in study council districts revealed that a wide variety of practices were utilized by the districts in 1969-70 whereby teachers received special training as drug educators. Only six of the 48 districts indicated that they did not, as yet, arrange for teachers, counselors and other staff members to attend training and in-service programs in order to become more familiar with the issue of drug abuse as it pertains to students. A random list of programs attended by representatives include the following:

- Program by the Narcotics Division of the Pennsylvania State Police for the entire faculty of a senior high school.
- Conference on drug abuse for school health instructors, West Chester State College.
- Discussion groups concerning drugs conducted at various professional conferences and conventions.
- All-day sessions for teachers and counselors at Lankenau Hospital regarding strategies for drug-education programs.
- Program at Temple University involving the "conceptual approach to teaching health."
- Two complete in-service days for resident staff of a local district.
- Visitation to Eagleville Hospital for discussions with staff.
- Discussion with Chester County Council on Addictive Diseases.
- Conference for health educators at Abington Friends School.
- Conference sponsored by Berks County Pharmaceutical Society.
- Drug abuse seminar conducted by the Pennsylvania Department of Health at East Stroudsburg State College.
- Meeting on drug problem at Shippensburg State College.
- Four-day conference in Chicago sponsored by the National District Attorneys' Association.
- Symposium conducted by the Philadelphia College of Pharmacy.

Most study council districts conducted in-service programs for their professional staffs in 1969-70 that consisted generally of all-day seminars during which regular classes for students were cancelled. On the following pages are several samples of detailed agendas for such programs.

REFERENCES: Chapter 5

1. David H. Kurtzman, "Leadership by Local School Boards," Compact, published by the Education Commission of the States, Vol. 4, #3, June, 1970, p.34.

2. Constance P. Tate, "Inservice Education for Teachers," The Science Teacher, September, 1970, p.50.

(Sample Program)

GOVERNOR MIFFLIN SCHOOL DISTRICT
IN-SERVICE PROGRAM

December 1, 1969

"Many behavioral scientists say drug abuse is a form of escape. You can help youth come to know it is an escape to nowhere." (Smith Kline and French Laboratories)

TOPIC: Perspectives on Drug Education

PLACE: Governor Mifflin Senior High School

DATE: December 1, 1969

TIME: 8:30 a.m. to 3:30 p.m.

SCHEDULE

8:30 - Opening Thoughts . . . . . W. T. Shannon
8:35 - Greetings . . . . . H. L. Hendricks
8:40 - Introduction of Guests . . . . . W. T. Shannon
8:45 - "Drug Education Program: Medical Aspects" . . . . . Dr. R. Michael Yeller
District Medical Director
Pennsylvania Department of Health

9:30 - Film "LSD-25"
10:00 - Coffee Break
10:20 - "Problems of Modern Drug Abuse" - "What About the Reading Area?"
John D. Hoffman
State Narcotics Agent
11:00 - Question and Answer Session . . . . . Dr. Yeller, Mr. Hoffman

11:30 - 1:00 - Lunch

1:00 - "Youth and the Fix" . . . . . Rev. Frank Reynolds
Superintendent
Teen Challenge Training Center
1:45 - "Personal Experiences" . . . . . Students from
Teen Challenge Training Center
2:15 - Identifying and Working with Drug Addicts . . . . . Rev. Reynolds
Question and Answer Period

(Sample Program)

GOVERNOR MIFFLIN SCHOOL DISTRICT
IN-SERVICE PROGRAM

January 26, 1970

"Can you help a child find the answer?"

Topic: Mind Influencing Chemicals

Place: Governor Mifflin Senior High School

Date: January 26, 1970

Time: 8:30 a.m. to 3:30 p.m.

Schedule

Morning Session

8:30 - Opening Thoughts	Mr. W. T. Shannon
8:35 - Greetings and Announcements	Mr. H. L. Hendricks
8:40 - Announcements	Mr. Homer L. Zeigler
8:45 - Introduction of Guests	Mr. W. T. Shannon
8:50 - "Alcoholism"	Mrs. Sarah Boyd Executive Director National Council on Alcoholism Berks County Chapter, Inc.
9:50 - Coffee Break	Cafeteria
10:10 - "Drug Misuse and Narcotic Addiction"	Dr. Jasper G. Chen See Pathologist National Council on Alcoholism President, Berks County Chapter, Inc.
Question and Answer Session	
11:30 - 1:00 - Lunch	

Afternoon Session

Senior High Staff	
1:00 - 2:00 - Faculty Meeting	LGI Room, Senior High School
2:00 - 3:30 - Departmental Meetings	
Junior High Staff	
1:00 - 2:00 - Faculty Meeting	Library
2:00 - 3:30 - Departmental Meetings	Junior High School
Elementary Staff	
1:00 - 3:30 - Preparation for Elementary Evaluation	Cumru Building
Special Assignments	
Nurses - 1:00 - Meeting with Mr. Hendricks	Education Center
Secondary: Art, Music, Physical Education Teachers and Librarians	
1:00 - 2:00 - Faculty Meetings	
2:00 - 3:30 - Activities as assigned by Principals and Staff Leaders	

(Sample Program: Marple-Newtown S.H.S.)

"Are the stories I read about teen-agers taking drugs true, or are they sensationalized?"

"If I find out my son is smoking pot, what do I do?"

"Aren't the schools doing anything about drug traffic?"

"Is there any real danger in smoking pot?"

"But Mom, Everybody Smokes Pot"

"Can a teen-ager really be arrested for just having a drug in his possession?"

"Do marijuana and LSD really expand the mind? Do they bring valuable insights?"

"When I was young, we never thought about drugs. What caused this activity?"

"Are parents to blame when their children use drugs?"

"What can I, as a parent, do to combat the narcotics problem in my community?"

"Are there any signs that would indicate my child is taking drugs?"

(Sample Program)

Agenda

Seminar on Drug Abuse and Dependency

Marple-Newtown Senior High School

120 Media Line Road

Newtown Square, Pennsylvania

Monday, September 22, 1969

9:00 a.m.	Introduction and Announcements - Moderator Mr. H. Lee Brubaker Administrative Assistant for Pupil Personnel Services Marple-Newtown School DIstrict
9:10 a.m.	Welcome Mr. Kermit Stover, Superintendent Marple-Newtown School District
9:15 a.m.	"The Problem" The Rev. Robert Bartlett, Executive Director Teen Challenge Philadelphia
9:30 a.m.	"The Drugs" Donald Twaddel, M.D. Psychiatric Physician Embreeville State Hospital
10:15 a.m.	Coffee Intermission
10:30 a.m.	"The People" Film - "Youth in a Fix" with commentary by The Rev. Frank M. Reynolds, Executive Director Teen Challenge Training Center, Rehrersburg
11:15 a.m.	"The Results" Leonard Rosen, M.D., Director Service to Overcome Drug Abuse Among Teenagers Chester
11:30 a.m.	"The Law" Mr. Donald F. Walter, Chief Drug Distribution and Narcotic Control Pennsylvania Department of Health
12:00 M	Luncheon

1:30 p.m. Discussion Groups

Participants will please assemble for discussion in groups according to the locations previously given you. Our guests will be previously drug dependent boys from The Teen Challenge Training Center in Rehrersburg.

Room 110 Rev. Reynolds, Chairman

Room 112 Mr. Walter, Chairman

Room 113 Dr. Wilcox, Chairman

Room 114 Mr. Tucker, Chairman

Room 115 Mr. Hoffman, Chairman

Room 117 Mr. Palmer, Chairman

Room 118 Mr. Della Porta, Chairman

Room 120 Mr. Bohr, Chairman

Room 124 Mr. O'Keefe, Chairman

Room 126 Mr. McDonald, Chairman

3:00 p.m. Summary and Challenge

Robert Plotkin, M.D., Chairman
Marple-Newtown District Health Advisory Committee

3:30 p.m. Adjournment - Distribution of Educational Materials

Sponsored by
Division of Drug Control
The Pennsylvania Department of Health*

* Similar programs were conducted by this organization at numerous school districts in Eastern Pennsylvania.

(Sample Program)

TREDYFFRIN-EASTTOWN SCHOOL DISTRICT
Berwyn, Pennsylvania

NARCOTICS AND DANGEROUS DRUGS

District In-Service Education Day
Wednesday - May 13, 1970
Conestoga High School

PROGRAM

8:30 - Opening Remarks	Dr. George F. Garwood, Superintendent
8:35 - Introduction and Announcements	Dr. Paul W. Wilcox, Director, Division of Drug Control, Pennsylvania Department of Health
8:40 - The Problem	Dr. Henry Cornman, Physician Capt. Robert Gilroy and Lt. Thomas Baynard - Tredyffrin Township Police Det. Sgt. John Stillwell - Easttown Township Police
9:00 - The Drugs	Dr. Martin Kissen, Director, Institute for Alcohol and Narcotic Addiction
9:40 - The People	Reverend Robert Bartlett, Executive Director, Teen Challenge

10:10 - 10:30 Coffee Intermission

10:30 - 11:10 Films and Instructional Materials - see attached page for reviews of films

Film: "Tripping" and "Rapping".	Room 140
Film: "The Seekers".	Room 142
Film: "Marijuana: The Great Escape". . .	Room 268
Film: "LSD: Insight or Insanity". . . .	Auditorium
Film: "Beyond LSD: A Film for Concerned Adults and Teenagers".	Room 240
Film: "For God's Sake, Jail My Son and Save His Life".	Room 237
Film: "The Trip Back".	Room 238
Materials Exhibit	Room 103
Lockheed: Drug Abuse Decision System . .	Room 241

11:15 - 11:45 Reviewing Curriculum Guidelines

Primary Team Members — Room 237

Chairman - Miss Jessamine Brandt - New Eagle
Presenters - Mrs. Jeane Townsend - Strafford
Mr. Daniel Reichert - Hillside

Middle Team Members — Room 268

Chairman - Mrs. Marta Stevens - Beaumont
Presenters - Mr. David Landis - Devon
Miss Eileen Moyer - Strafford

Upper Team Members — Room 258

Chairman - Mrs. Evelyn McGee - Valley Forge
Presenters - Mr. Eugene Skiffington - Valley Forge
Mr. David Jackson - Strafford

Valley Forge Junior High Staff — Room 140

Principal - Mr. Armand Freas
Presenters - Mr. George Cockerill
Mr. John Alfonsi

Tredyffrin-Easttown Junior High Staff — Room 142

Principal - Mr. John Cabry
Presenters - Mr. Richard Beatty
Mr. Edwin Ford

Conestoga High School Staff — Auditorium

Principal - Mr. Karl Zettelmoyer
Presenters - Miss Marilyn O'Neill, Chairman
Mr. Thomas Keyser - Science; Guidance; Special Education
Mr. Gerald Gasser - Social Studies; Driver Education
Mr. Allen Wolstenholme - Math; Business Education
Industrial Arts
Mrs Marilyn Stull - English; Home Economics, Art; Health
Miss Judy Steele - Foreign Language; Music; Library

11:45 - 1:15 Luncheon . . . . . Available in school cafeteria

(Films will be shown beginning at 12:30 in rooms as scheduled above)

1:15 - 2:30 Discussion Groups

Staff members and residents from Teen Challenge will participate in some Discussion Groups

Group A — Room 140

Dr. Leonard Rosen, Director. . Consultant
Service to Overcome Drug Abuse
Among Teenagers

Mr George Cockerill, Valley Forge Junior High . Moderator
Mr. Norman Marriner, Tredyffrin-Easttown Junior High . Recorder

Group B — Room 142

Dr. Henry Platt, Psychologist. Consultant
Devereux Foundation

Mrs. Elsa Hartman, Valley Forge Elementary Moderator
Mrs Ramona Wilson, Paoli . Recorder

Group C — Room 237

Reverend Robert Bartlett, . . Consultant
Director, Teen Challenge

Mr. John Alfonsi, Valley Forge Junior High . Moderator
Miss Lois Christman, Beaumont . Recorder

Group D — Room 238

Mr. Leonard Green, . . Consultant
Assistant Director
of Education,
Devereux Foundation .

Mr. George Slick, Assistant to the Superintendent . Moderator
Mrs. Esther Harris . Tredyffrin-Easttown Junior High . Recorder

Group E — Room 268

Capt. Robert Gilroy, . Consultant
Lt. Thomas Baynard, . . Consultant
Tredyffrin Township Police

Mr. David Jackson, Strafford . Moderator
Mrs. Joanne Townsend, Conestoga . Recorder

Group F — Room 241

Mrs. Diane Fleishman, . . Consultant
Juvenile Probation Officer,
Mr. Richard Beatty, . Consultant
Tredyffrin-Easttown Junior
High School .

Mr. John Addyman, Tredyffrin-Easttown Junior High . Moderator
Mr. Anthony Profeta, Tredyffrin-Easttown Junior High . Recorder

Group G — Room 236

Rev. John Simpson, Curate, . . Consultant
Church of the Good Samaritan
Mr. Eugene Skiffington, . . Consultant
Valley Forge Elementary

Miss Eileen Moyer, Strafford . Moderator
Mr. David Danner, Valley Forge Junior High . Recorder

Group H — Room 240

Det. Sgt. John Stillwell, . . Consultant
Easttown Township Police
Mr. John Trama, . . Consultant
Radnor School District

Mr. David Landis, Devon . Moderator
Mrs. Muriel Berke, Conestoga . Recorder

Group I — Auditorium

Dr. Paul Wilcox, Director, . . Consultant
Divison of Drug Control,
Pennsylvania Department of Health

Miss Marilyn O'Neill, Conestoga . Moderator
Miss Joanne Bonder, Devon Recorder

Group J — Room 235

Mrs. Phillips Street, Director, . . Consultant
Chester County Council on
Addictive Diseases

Mr. Daniel Reichert, Hillside . Moderator
Mrs. Jeanne Picard, Strafford . Recorder

Group K — Room 242

Dr. Henry Cornman, . . Consultant
Physician

Mrs. Jeane Townsend, Strafford . Moderator
Mrs. Beverly Schermerhorn, Conestoga . Recorder

2:30 - 3:00 Summary and Challenge — Auditorium

Dr. Leonard Rosen, Director,
Service to Overcome Drug Abuse
Among Teenagers

Chapter 6: PARENTS/COMMUNITY AND DRUG EDUCATION

-- AGENDA FOR ACTION --

The most effective target audience for drug education is often said to be the preschooler at home. Many children form drug-taking attitudes from their parents long before they enter school. In subsequent years, the drug problem for these youngsters is often compounded by the fact that they and their parents arrive at different levels of knowledge concerning drugs. Through peer instruction, the knowledge gain among children frequently exceeds that of their parents. Thus, there are at least two spans of time when drug education for adults is especially appropriate: first, when their children are preschoolers and, second, during the years when the children enter the secondary grades.

The following agenda for action suggests that school administrators and drug educators explore the numerous opportunities available to them whereby parents and the community-at-large may become more knowledgeable regarding the use of drugs.

A. Investigate the avenues through which parents and other adults in your community receive drug education. Evaluate the effectiveness of these approaches. See page 75.

B. Where necessary, devise alternate means of educating parents such as: adult evening school offerings, university-related functions, PTA/Home and School programs and community-action and religious organizations.

C. Review drug programs for adults in other school districts in terms of their effectiveness especially in reaching into homes with pre-school children. See page 78.

Chapter 6: PARENTS/COMMUNITY AND DRUG EDUCATION

What can parents do when the doorbell rings at 3 a.m. and they find their 16-year-old daughter has been brought home from a neighborhood party, sobbing or screaming, high on a trip from LSD? What does a mother do when she happens upon a package of marijuana cigarettes hidden in her 12-year-old child's bureau drawer? What does a father do when he finds a medicine dropper, a hypodermic needle and heating spoon hidden behind his son's fishing gear? (1)

Obviously, these parents are faced with horrible moments of decision. Their first thought invariably is whom can I call? My doctor? Minister? Police? What should I do? What can I do? If advice is not quickly available, fear, panic, anxiety, rage or protectivism take over. Such questions, very real in many instances, serve to focus on:

- Parental needs for answers to drug problems in their homes;
- Community needs for programs of education in addition to current attempts to detect and control the flow of drugs into the community; and
- The needs of drug users and addicts for anti-drug programs which transcend the conventional compartmentalization of community agencies.

Most people assume that drugs are a community problem, yet they live in communities where the typical pattern of response is to assign some agency the responsibility for correcting the problem. (2) While they finance the agency with tax dollars, although usually inadequately, the people who share the needs and the people who ask the questions rarely see fit to become part of the solution themselves. Community support of its agencies with dollars and personnel is certainly essential. Yet the following observations have led many involved persons to conclude that service agencies by their very nature might be ill-fated enterprises in the battle against drugs.

1. Community-service agencies tend to be compartmentalized. Tasks, resources and approaches to problems are parceled-out to become the exclusive domain of each agency.
2. Community-giving is likewise parceled-out, by supra-agencies such as Community Chest and United Fund. These funds are distributed compartmentally, reinforcing fragmented services.
3. Communities tend to attack common problems by first, categorizing the problem according to groups of people, ages, and localities, and secondly, by assigning the problem or task to the agency which claims the specific domain of those groups, ages and localities. If such an agency does not exist, the community creates one.

4. If the problem persists despite the efforts of the agency to which the problem was assigned, resident experts from other service agencies gratuitously offer advice to the "agency at blame" regarding ways by which it might become "relevant" or "responsive to the needs of the community."

The community approach to problem-solving has been depicted as a process in four sequential stages.

Stage I — Identification of the Problem

Each agency identifies the community problem as it pertains to its own domain.

Stage II — Assignment of the Problem

The problem is assigned by relegation via consensus. The residents of the community and the other service agencies assign the problem to a particular agency. If none exists, an ad hoc agency is formed.

Stage III — Appraisal and Proliferation

The point is arrived at which the public by consensus agrees that the problem has not been resolved. Each agency programs its own attack on the problem within its own domain and via its own particular approach.

Stage IV — Unification and Success

The problem remains unresolved. Competing agencies then unify behind a common denominator which might be a person, concept or value. The problem is resolved.

Which stage has been reached in today's communities as they grope with the drug problem? Assuredly, Stages I and II have been surpassed. Attempts to reduce the prevalence of drug abuse during the past 40 years can be divided into three phases which roughly correspond to the aforementioned stages.

Between 1930 and 1960, the major emphasis was placed on reduction in drug supply. Law-enforcement agencies attacked the drug problem with laws which were made progressively more repressive. However, failure to reduce the addict census and growing awareness of the drug problem engendered the search for a new approach. (3)

In the early 1960's, drug addiction was declared a sickness, and rehabilitative programs were devised by socio-medical agencies. Largely ineffective, rehabilitation programs -- usually consisting of group therapy, therapeutic communities, substitute drugs or civil commitment -- were applicable only to heroin and similar opiates. With the dramatic changes of the drug scene in the late 1960's, it became clear that the punitive and rehabilitative approaches were failing. There were no effective programs for the "acid head," the "pot head" or the "speed freak."

Into the void was thrust that political panacea, education. Educate the young, it was said, and they will never turn to drug abuse! (4) For several years in the late 1960's, the pleas for education fell on deaf ears. Many school districts suffered with the problem rather than admit they had a substantial number of drug abusers. Others hid behind the statement that education about drugs would only incite curiousity. The majority of school districts, however, mobilized against drug abuse by devising drug curricula, establishing procedures for handling youthful drug users, and above all, aligning with anti-drug programs currently implemented by other social agencies.

It is quite possible that Stage III, Appraisal and Proliferation, has already been bridged. The common denominator is drug education, an approach to drug abuse which combines the best features of the rehabilitative and legal approaches and which is entirely consonant with the anti-drug efforts of other agencies.

COMMUNITY AGENCIES AND DRUG EDUCATION

A primary target level for drug education is the home. By the age of five or six most children have formed attitudes on drug taking. In most instances, these youngsters have learned or have acquired their attitudes from the life styles of their parents. Peer influences on drug abuse are not observed usually until early adolescence when many youngsters are already well indoctrinated regarding the nuances of the drug culture.

An essential task for the institutions and agencies of the community, therefore, is to educate parents who, as already shown:

- Might be drug abusers themselves;
- Lack adequate knowledge of drug-abuse symptoms;
- Are not aware of drug rehabilitation and referral facilities in their communities;
- View the schools in the role of drug educators, the police as drug-law enforcers and the hospitals as addict treatment centers.

The following sections contain a sampling of outstanding anti-drug programs currently maintained by a variety of different agencies that function in today's communities. They place considerable emphasis on drug education as the essential medium for conveying to parents the agency's message concerning the services rendered.

Community-Action Groups

Citizens for Progress (Philadelphia, Pa.)

An aroused community group, with strong and vociferous leadership, can make demands upon community agencies and institutions to plan and implement drug-education programs. Citizens for Progress (CFP), is such a group in West Philadelphia. As president of CFP, Mrs. Novella Williams appeared before the Philadelphia Board of Education and proposed that every public school pupil from 4th to 12th grade be required to take a course in drug education. The proposal, which received immediate and enthusiastic support from the board members, emphasized the necessity for trained personnel to instruct the pupils.

Northwest Council on Drug Abuse (Philadelphia, Pa.)

Formed in March of 1970, the Council is described by its chairman, Arnold Snyder, as a "federation of local organizations which takes a positive action approach based on prevention and educational programs at the community level." The Council believes that drug abuse education should begin in the 1st grade by alerting children to the dangers of the medicine cabinet in the average home.

Guidance Council (Scarsdale, N.Y.)

Three years ago, the Scarsdale Village Board established a council composed of doctors, lawyers, social workers, clergymen and educators. One of the most unusual aspects of the Council's program is not directed specifically at the drug problem, but at the broader problem of opening up communications between parents and children.

Operation Reach (Philadelphia, Pa.)

The Philadelphia Council, Boy Scouts of America, is one of four Councils in the United States which will conduct a pilot program during 1971 aimed at persuading youth to take a stand against drugs. The goals of the program extend the Boy Scout Oath to read as follows.

I will do my best

- To reach for the real highs instead of going for poor substitutes like drugs.
- To reach for real friends and stand by them.
- To reach for warm, open relations with my parents, other members of my family and friends.
- To reach an understanding with myself by taking an open stand against drugs.
- To reach others by telling them about Operation Reach.

Old York Council (Jenkintown, Pa.)

The Council is currently implementing a program aimed at 12 to 18 year-olds, offering emergency and long-range counseling to individuals and groups. The program also calls for a store-front or trailer to serve as a hangout and "rap center" with 24-hour emergency telephone service. The center distributes free information and materials, and trains personnel as well.

Freedom Corner (Philadelphia, Pa.)

Using the slogan, "I Dare to Care," over 300 Girl Scouts from the Frankford section of Philadelphia began a drug-education drive early in May of 1970. In addition to conducting three public forums on the problem of drug abuse, the youngsters opened a youth center that provides a 24-hour telephone "hot-line" for persons seeking drug information or counseling. One interesting activity of the campaign involved the utilization of available printed materials which the girls themselves obtained and distributed. Five area public schools copied the materials and sent them home with their pupils.

University-Related Agencies

Columbia University (New York, N.Y.)

Students have undertaken education and rehabilitation programs in response to the growing heroin problem in the university community. An encounter type of group therapy aimed at the pre-addict is already operational. Additionally, a drug and narcotics information center will open in a dormitory and will also serve as an emergency station between 10 p.m. and 7:30 a.m. for students suffering from an overdose or violent reaction to a drug. The senior class is sponsoring the programs in lieu of the customary donation of a graduation plaque.

Temple University (Philadelphia, Pa.)

Allan M. Fox, director of the Drug Education Activities Office, attributes the success of the operations conducted by that office to the privacy afforded visitors. Dealing primarily with the why's of the drug problem, the office is open to students as well as persons who have no connection with the university. "We don't emphasize drugs in our counseling," said Fox; "the drug problem of the person is often caused by other problems and that's where we can offer help."

Adult Evening Schools

Moorestown (N.J.) Adult School

In recent years, courses such as "Drug Use and Abuse" have been initiated for the purpose of educating parents and other adults regarding the drug problem. Such courses are designed to promote understanding to the effect that the abuse of drugs is a symptom of greater problems.

Religious Organizations

Jewish Family Services (Philadelphia, Pa.)

This organization sponsors an innovative outreach program which offers social services in the area of drugs to suburban communities. Known as Project for Main Line Youth and situated in Ardmore, Pennsylvania, the program is staffed by young men and women. The major thrust is to help aimless teenagers to bridge the gap between their culture and adult society through group therapy and counseling sessions.

DRUG EDUCATION FOR ADULTS IN STUDY COUNCIL DISTRICTS

Member school districts in the study councils were quick to realize that the effectiveness of their drug-education programs depended largely upon the dissemination of drug information not only to students and staffs but also to parents and communities. Descriptions of drug-education programs for adults in several districts are presented below with the hope that such information may furnish other school districts with interesting and innovative approaches for educating communities regarding the drug menace.

Carlisle Area School District

A Proposal for an Adult Education Program on Drug Abuse

Class size: Maximum of 30 adults. If more than this apply, simply run more than one class or offer the course several times during the semester.

Duration: Six sessions, each running about an hour and a half.

Personnel: There will be a host instructor plus resource people from the community and state services. Other resource people include police officers, physicians, lawyers, ministers, social workers, and interested lay people. Most of the people have committed themselves as of this writing.

Format: The instructor or resource individual will keynote each session with an informal background talk. This is to be followed by a question-and-answer period with the class responding. Following this exchange, we shall show a film or filmstrip on the night's topic; and, in conclusion, we will issue a relevant pamphlet or written statement to each member of the class.

Materials: The published materials and the audiovisuals are either already in hand or have been ordered for purchase or for borrowing. Some transcribing or copying remains to be done.

Objectives:
Identify, list, and compare the variety of narcotics, dangerous drugs, and volatiles.
Compare and contrast the effects of stimulants and sedative drugs on the body and bodily functions.
Discover and interpret the factors which contribute to drug use and/or abuse.
Demonstrate a knowledge of the laws governing drugs and narcotics and evaluate the legal application to contemporary society.
Make known the agencies and referral systems available to those in need.
Offer sensitivity instruction on preventive measures and advance suggestions to help those already using or experimenting with some form of drugs.

First Session: Introduction

I. Pass out and discuss the course syllabus.
II. Issue and go over teacher-prepared materials taken from two articles, "Patterns of Drug Use" and "Reasons for Drug Use: Casual and Chronic." This material comes from a booklet Drugs And The Young published by Time Education Program, Rockefeller Center, New York, 10020.
III. Films: Bridge to No Where (28 min.) and/or Drugs and the Nervous System (about 18 min)

Second Session: Drugs and the Law

I. Panel: Local policemen, district attorney, and representative from probation office
II. Question and Answer session.
III. Issue pamphlet "Youth and the Law"published by the Dauphin County Legal Service Association.

Third Session: Narcotics: Opium Derivatives

I. Background statement by a physician.
II. Question and Answer session.
III. Filmstrip: Narcotics by Guidance Associates.
IV. Issue pamphlet "The Up and Down Drugs" published by National Institute of Mental Health.

Fourth Session: Downers and Uppers

I. Background statement by a physician.
II. Question and Answer Session
III. Filmstrip: Sedatives and Stimulants by Guidance Associates.
IV. Issue pamphlet "The Up and Down Drugs" published by National Institute of Mental Health.

Fifth Session: Marijuana - LSD

I. Panel: local minister, student-user, psychologist.
II. Question and Answer session
III. Filmstrip: Marijuana: What Can You Believe by Guidance Associates.
IV. Issue pamphlets: "LSD: Some Questions and Answers" and "Marijuana: Some Questions and Answers" published by National Institute of Mental Health.

Sixth Session: Coping With the Problems

I. Representatives from the Tri-County Mental Health organization or representatives from the Pennsylvania Department of Health.
II. Question and Answer session.
III. Issue copies of "Teaching About Drugs" and A Federal Source Book: Answers to Most Frequently Asked Questions About Drug Abuse, both published by the National Institute of Mental Health.

Radnor School District and Tredyffrin-Easttown School District

COMMUNITY DRUG SEMINAR

Wednesday - April 8, 1970

8:00 P.M.

Conestoga Senior High School
Conestoga and Irish Roads
Berwyn, Pennsylvania

PROGRAM

Guest Speakers 8:00 - 8:45 P.M.

Speakers: Dr. Martin Kissen - "An Overview of Drug Abuse"
Director, Institute for Alcohol and Narcotic Addiction

Dr. James Mackey - "The Local Drug Abuse Problem"
Community physician, associated with Bryn Mawr Hospital

Panel Discussion 8:45 - 9:10 P.M.

Panelists: Dr. Martin Kissen - Director, I.A.N.A.
Dr. James Mackey - Physician
Mr. George Hobson - Pennsylvania Department of Health
Dr. Frank Matthews - Co-Director and Founder of
Services to Overcome Drug Abuse Among Teenagers
(S.O.D.A.T. - a local rehabilitation center)
Patients from S.O.D.A.T.

Small Group Discussions

Session I 9:15-9:45 P.M.
Session II 9:50-10:20 P.M.

Group A - "The Medical Implications of Drugs and Drug Abuse"
Room 140
Dr. Martin Kissen - Director, I.A.N.A.
Dr. James Mackey - Local Physician
Mr. George Hobson - Pennsylvania Department of Health

Group B - "Narcotic Addict Rehabilitation Programs in Our Area"
Room 142
Dr. Frank Matthews - S.O.D.A.T.
Mr. Ronald E. Munro - Director of Education and Training
Eagleville Hospital and Rehabilitation Center
Gaudenzia House
Rev. Robert Bartlett - Executive Director, Teen Challenge

Group C - "Legal Implications-The Extent and Complexity of the Problem"
Room 123

Tredyffrin Township Police Department
Sgt. John Stillwell - Easttown Township Police Department
Lt. Peter Noga - Narcotics Division, Philadelphia Police Department
Federal Bureau of Narcotics and Drugs

Group D - "The Education of Students and Parents About Drug Abuse"
Room 144

Mr. Edwin Ford - Tredyffrin-Easttown School District
Mr. Richard Beatty - Tredyffrin-Easttown School District
Mr. Lewis F. Bryan - Radnor School District
Mr. John Trama - Radnor School District

Group E - "Societal Implications and How the Community can Help"
Room 146

Mrs. Phillips Street - Director, Chester County Council on Addictive Diseases

LITERATURE WILL BE AVAILABLE CONCERNING DRUG USE AND ABUSE

ADMISSION - 50 CENTS PER PERSON

Proceeds to be used only to defray program costs

SPONSORING ORGANIZATIONS

Wayne Jaycees
Upper Main Line Women's Club
Radnor School District
Tredyffrin-Easttown School District

PLYMOUTH-WHITEMARSH SENIOR HIGH SCHOOL
Plymouth Meeting, Pennsylvania
January 14, 1970

HOME AND SCHOOL ASSOCIATION

Dear Parents,

We are constantly hearing of the problem of drugs. If you are as confused as we, any questions you have might best be answered by your children.

The younger generation is far more aware of this problem than we are! Through their classroom discussion and contacts with authorities within their own generation, they feel that they may have all the answers.

We feel that they don't, but are we prepared to answer their questions or are we actually capable of answering or even understanding them?

On January 29, 1970, at 8:00 p.m. in the auditorium of Plymouth-Whitemarsh Senior High School, we invite you to a meeting that will not be dull! Dr. Alvin Rosen, Clinical Director of the nationally known Eagleville Hospital and Rehabilitation Center, will discuss the physical and psychological results of drug abuse. Mr. Milton Moss, Montgomery County District Attorney, will then discuss the legal ramifications of the ever-increasing abuse. There will also be representatives from all the police departments serving the Colonial School District.

This will be a meeting of the dedicated and interested people of our area. Remember, a confused parent equals a confused child. Confused parents generally do not resort to drugs. Statistics state that a confused youngster might. This is your opportunity.

Yours very sincerely,

Edward F. McGoldrick, President
Home and School Association

Plymouth-Whitemarsh Senior High School
COLONIAL SCHOOL DISTRICT

GERMANTOWN PIKE
PLYMOUTH MEETING, PA. 19462

May 22, 1970

Dear Parent:

The Drug and Narcotics Education Committee (DANEC) at Plymouth-Whitemarsh Senior High School will shortly initiate a program dealing with the problems of drug abuse. It is the hope of the committee that you will participate in this program. Without your cooperation the program will not succeed.

Through the cooperation of Dr Fred Glaser, Temple University, each student in grades ten through twelve will receive a long play record, "Drugs Won't Get It, People Will," which carries a conversation between three ex-drug addicts and Dr. Glaser. The records, which have been donated by local industries at no cost to the Colonial School District, will be provided free of charge to each student.

The record is designed to help bridge the "generation gap" and open up honest discussion between parents and teenagers. It is, therefore, most effective when the family listens to the record together. When the record comes home with your son or daughter, try to find an evening when the entire family can sit down together for an uninterrupted hour to listen to the record and to openly discuss its implications.

The evaluation form that comes with the record should be returned to Temple University as soon as possible. We will ask for an evaluation of this record at a later date.

Sincerely yours,

DANEC

Mrs. Sally Brannen, Chairman
Mr. Gerald Birkelbach
Mr. Richard Coletta
Mr. Albert Hart
Mr. Ronald Landes
Mrs. Sally Manning
Mrs. Dorothy Melvin
Mr. Martin Pulli
Mr. Timothy Rea
Mr. Henry Stofko
Mr. Childs

SPRINGFIELD SCHOOL DISTRICT SPONSORS
3 SEMINARS

ON

The Growing Drug Menace

MAY 5, 14 and 27, 1970

AT 8:00 PM

SPRINGFIELD INTERMEDIATE SCHOOL

WOODLAND AVENUE

QUESTIONS FROM THE AUDIENCE
WILL BE WELCOMED

These programs are especially designed to help educate and enlighten the general public concerning the dangers inherent in the misuse of narcotics and drugs. Positive and constructive interest must be shown if the country is to fight successfully this phenomenal problem. Education is, of course, a major antidote, and this is where we choose to begin.

As large and as devastating as this problem is, little is known of its cause, and less about its cures. It especially affects those we have always proudly believed to be the future leaders of the country -- the younger generation. It has also become more apparent that a so-called "drug culture" is emerging in America which, if ignored, could threaten the very fabric of our national life, and damage or destroy the opportunities to improve the human conditions the United States has always afforded her citizenry. There are those, too, who believe that indiscriminate drug use is merely a symptom of an even deeper sickness in our society, but whether cause or effect, drugs are an imminent danger to our bodily person and our every endeavor, and no segment of our social structure is necessarily immune from their debilitating influence.

Through seminars such as these in which you are about to participate, it is hoped and intended that you will be properly informed as to the tragedy of drug addiction. Armed with factual knowledge, rather than hearsay, parents and children will be better able to communicate and to work together on this problem which concerns them both.

MAY 5TH

WHAT CAUSES DRUG ABUSE

MAY 14TH

USE AND ABUSE OF DRUGS

MAY 27TH

HOW CAN THE COMMUNITY HELP??

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Chapter 7: RESOURCES AND MATERIALS FOR DRUG EDUCATION

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Drugs: Medical, Psychological, and Social Facts	P. Laurie	Penguin Book	1967
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Deciding About Drugs	Kiwanis International
Listen	Narcotics Education, Inc. 6830 Laurel Street, N.W., Box 439 Washington, D.C. 20012
Drug Abuse: The Chemical Cop-Out	National Assoc. Blue Shield Plans
Conference In Drug Addiction Among Adolescents	New York Academy of Medicine Committee on Public Health New York, New York 10010
No Secret	Neyenesch Printers 2750 Kettner Blvd., P.O. Box 430 San Diego, California 92101
Dangerous Drugs and Narcotics Drug Abuse and Dependency	Pennsylvania Dept. of Health Box 90 Harrisburg, Penna. 17120
Drugs and People	Pennsylvania Health Council, Inc. Harrisburg, Penna.
The Crutch That Cripples: Drug Dependency	Pennsylvania Medical Society Taylor Bypass and Erford Road Lemoyne, Penna. 17043
Narcotics and Drug Abuse (1966)	Pendulum Press 136 Main Street Westport, Conn.
Medicinal Narcotics (1965) Key Facts	Pharmaceutical Manufacturer's Assoc. Public Relations Division 1115 Fifteenth St., N.W. Washington, D.C. 20005
What We Can Do About Drug Abuse (1966)	Public Affairs Committee, Inc. 381 Park Avenue New York, N.Y. 10016

PAMPHLETS AND BOOKLETS (cont'd)

Title	Source
Student Drug Involvement (1967)	U.S. National Student Association 2115 S. Street Washington, D.C. 20008
Current Issues in the Prevention and Control of Marijuana Abuse (1967) Marijuana and Crime (1966) Narcotic, Drug and Marijuana Controls	U.S. Treasury Department Bureau of Narcotics 633 Indiana Avenue, N.W. Washington, D.C. 20226

MAGAZINE ARTICLES

Bates, Marsten. "Man the Drug Taker." National History (January, 1967)

Bloomquest, Edward. "What Makes Teens Try Dope." Parents Magazine (February, 1960)

Blum, R.H. "Drugs, Behavior, and Crime." Annals of the American Academy of Political and Social Science (November 1967)

"Drugs and the Educational Antidote." Nation's Schools (April, 1970)

"Drugs for the Mind." Changing Times (July, 1962)

"Education Versus the Drug Menace." Pennsylvania Education (January-February, 1970)

Feinglass, Sanford. "On Teaching About Drugs." Media & Methods (September, 1970)

Freedom, Daniel. "The Use and Abuse of Psychedelic Drugs." Bulletin of the Atomic Scientists (April, 1968)

Grinspoon, Lester. "Marijuana." Scientific American (December, 1969)

Harmon, Shirley. "LSD: Meaningful Approach to Drug Education." The Journal of School Health (June, 1968)

"How to Make Drug Abuse Programs More Effective." School Management (May, 1969)

Jolinson, Barbara B. "A Jr. High School Seminar on Dangerous Drugs and Narcotics." The Journal of School Health (February, 1968)

Jordan, Clifford W. "A Drug Abuse Project." The Journal of School Health (December, 1968)

Lerner, Jeremy. "The Young Drug Addict: Can We Help Him?" Atlantic (February, 1965)

Leavitt, J. "Hooked." Nation (December 29, 1969)

Leighton, F.S. "The Thrill Seekers." This Week Magazine (August 22, 1965)

Life. February 26, 1965; March 5, 1965

Medical Economics. Special Issue (April 20, 1970)

Miller, Theodore J. "Drug Abuse, Schools Find Some Answers." School Management (April, 1970)

Newsweek. August 1, 1967; February 16, 1970

New York Times (May 14, 1970) p. 1, 8.

Nowalk, Dorothy. "Innovations in Drug Education." The Journal of School Health (April, 1969)

Pinkerton, Peter B. "A Crash Program on Drug Abuse." Journal of Secondary Education (May, 1968)

Post. August 15, 1964; December 4, 1965; August 1, 1967.

Rector, Milton G. "Drinking and Pot Parties." The PTA Magazine (March, 1967)

Skinner, William J. "Drug Abuse Education on College Campuses." Journal of Alcohol Education (Winter, 1967)

Walsh, J. "Narcotics and Drug Abuse: A Presidential Prescription." Science (July 25, 1969)

Winick, Charles. "Drug Addiction and Crime." Current History (June, 1967)

CURRICULUM GUIDES AND HANDBOOKS

Title	Author/Source	Date
Conceptual Guidelines for School Health Programs in Pennsylvania (C*)	Department of Education Commonwealth of Pa. P.O. Box 911	1970
Curriculum Outline: Grades K-3; 4-6; 7-9; 10-12 (C)	Conn. Drug Advisory Council Hartford, Conn.	1969
Drug Abuse (C)	Curriculum Development Center State Education Dept. SUNY Albany, New York	1967
Drug Abuse - A Manual for Law Enforcement Officers (H*)	J. B. Landis Smith, Kline & French Labs. 1500 Spring Garden St. Phila., Pa. 19101	1965
Drug Abuse: A Reference for Teachers (H)	Dept. of Education State of New Jersey	1967
Drug Abuse Information: Teacher Resource Material (H)	Santa Clara Office of Ed. 70 W. Hedding St. San Jose, Calif. 95110	1969
Drug Experience: Data for Decision-Making (C)	David C. Lewis CSCS, Inc. Boston, Mass.	1970
Drug Facts (H)	Haskell L. Brown Drug Abuse Inf. Center Santa Clara, Calif.	n.d.
Drugs -- A Study Unit (C)	Union High School District San Mateo, Calif.	n.d.
Drugs -- Study Guide (C)	Frank G. Shields Rippowan High School Stamford, Conn.	1969
Family Living and Sex Education Level II - Grades 4-5-6 (C)	White Plains Public Schools White Plains, N.Y.	1968
Health and Family Life Education (C)	District of Columbia Public School System	1964
Health Education Curriculum Guidance (C)	Lankenau Hospital Phila., Pa. 19151	1969

*C - Curriculum Guide
*H - Handbook

CURRICULUM GUIDES AND HANDBOOKS (cont'd)

Title	Author/Source	Date
Instruction Regarding Narcotics and Habit-Forming Drugs (C)	M. B. Rappaport SUNY Albany, New York	1952
Marijuana and Drug Abuse (H)	J. R. Lambrosa Westchester County White Plains, New York	1969
NSDAI Selected Drug-Curricula Series (C): New York State Imperial Beach, Calif. Baltimore County, Md. Great Falls, Mont. Rhode Island Flagstaff, Arizona Tacoma, Washington San Francisco, California	National Clearing House for Drug Abuse Info. 5454 Wisconsin Ave. Chevy Chase, Md. 20015	1970
The Problem: Alcohol-Narcotics (H)	Tane Press 2814 Oak Lawn Ave. Dallas, Texas 75219	
Renaissance Project (C)	Drug Prevention Committee New Rochelle, N.Y.	1968
School Health Program (C)	Jessie H. Haag Henry Holt Co.: N.Y.	1958
Source Book and Guide for Teachers on Drug Abuse (H)	Dept. of Education State of California Sacramento, Calif.	1967
Suggestions for Teaching the Nature and Effects of Narcotics For Use in Grades 7-12 (C)	NYC Board of Education 110 Livingston St. Brooklyn, N.Y.	1951
Task Force on the Problem of Addicting Drugs (H)	Community and School Ed. Sub-Committee Work Unit Stamford, Conn.	1969
Teachers Resource Guide on Drug Abuse (H)	Department of Health Commonwealth of Pa. P.O. Box 90 Harrisburg, Pa. 17120	1969

FILMS, FILMSTRIPS AND SLIDES

Title	Source
Escape to Nowhere (F*)	Associated Films, Inc. 600 Grandview Avenue Ridgefield, N.J. 07657
Marijuana (F)	Bailey Films 74 Abigail Adams Circle Weymouth, Mass. 02191
Drugs and the Nervous System (F) LSD" (F) Narcotics: The Inside Story (F)	Blue Cross-Blue Shield (any local office)
Narcotics - Why Not (F)	Charles Cahill & Assoc. P.O. Box 3220 Hollywood, Calif. 90028
Drugs and the Nervous System (F) Hooked (F)	Churchill Films 662 North Robertson Blvd. Los Angeles, Calif. 90069
LSD: Insight or Insanity (F) Fight or Flight (F) Color Slide Series on Drugs (S*) To Your Health (F) Marijuana: What Can You Believe (FS*) Drugs and the Nervous System (F)	COAD Film Library 33 East Washington Street West Chester, Pa. 19380
Drug Addiction (F) Drugs and the Nervous System (F) LSD: Insight or Insanity (F) Marijuana: The Great Escape (F) Beyond LSD (F)	DELCHES Film Library Office of the Superintendent Delaware County Chester County
A Generation on Drugs (FS)	Educational Development Corp. Waltham, Mass.
The Teenager and the Police (FS)	Educational Film Association
The Choice is Yours (FS)	Educators Progress Service Randolph, Wisconsin 53956
Antibiotics (FS) Drug Abuse: Drugs and Health (FS) Tobacco and Alcohol (FS)	Encyclopedia Britannica Films 425 North Miclugan Ave. Chicago, Illinois 60611

*F - Film
*FS - Filmstrip
*S - Slide

FILMS, FILMSTRIPS AND SLIDES (cont'd)

Title	Source
Narcotics Series (FS & TAPES) Alcohol, Tobacco, Narcotics Control of Narcotics Drugs and Health Narcotics Background Info.	Eye Gate-House, Inc. 146-01 Ancher Ave. Jamaica, N.Y. 11435
Narcotics: The Decision (F)	Film Distributors International 2223 S. Olive Los Angeles, Calif. 90007
Rapping (F) Tripping (F)	Film Fair Communications Studio City, Calif.
Drugs: Facts Everyone Needs to Know (F)	Fiorelli Films, Inc. Research Drive Stamford, Conn. 06906
The Drug Information Series (FS) Turned-Out Generation (F)	Guidance Associates Harcourt, Brace and World Pleasantville, N.Y. 10570
The Poppy Is Also A Flower (FS)	Tam Handy Productions 2821 East Grand Blvd. Detroit, Mich. 48211
Narcotics and You (FS)	McGraw-Hill Co. Textfilm Division 330 W. 42nd Street New York, N.Y. 10036
Drug Addiction (F)	Montgomery County Film Library Norristown, Pa.
Escape to Nowhere (F) LSD: Insight or Insanity (F)	Montgomery County Medical Society Norristown, Pa.
Drug Abuse: Everybody's Hang-Up (F)	National Education Association 1201 16th St. N.W. Washington, D.C. 20036
On Prescription Only (F)	National Film Board of Canada Ottawa, Canada
The Seekers (F)	New York State Narcotics Addiction Control Commission, Albany, N.Y. 12203

FILMS, FILMSTRIPS AND SLIDES (cont'd)

Title	Source
LSD (F) Hooked (F) Marijuana The Trip Back (F) Someone is Watching Your Amazing Mind The Mind Benders (F)	Pennsylvania Dept. of Education Div. of Public Health Education P.O. Box 911 Harrisburg, Pa. 17126
LSD-25 (F) (Other films listed under PDE)	Pennsylvania Department of Health Division of Drug Control P.O. Box 90 Harrisburg, Penna. 17120
Distant Drummer Series (F)	Pennsylvania Medical Society Taylor Bypass and Erford Road Lemoyne, Pa. 17043
Drug Addiction (F)	Pennsylvania State University (A-V Libraries, All Branch Campuses)
Dangers of Narcotics (FS)	Popular Science 330 W. 42nd Street New York, N.Y. 10000
Drug Addiction (F) Hooked (F)	Shippensburg State University (Film Library)
Seduction of the Innocent (F) Terrible Truth (F)	Sid Davis Productions 1418 North Highland Avenue Hollywood, Calif. 90028
Drug Abuse, Everybody's Hang-Up (F) Drug Abuse - A Game With No Winners (F)	Smith, Kline and French Labs. 1500 Spring Garden St. Phila., Pa. 19101
Glue Sniffing (FS) Why Not Marijuana (FS) LSD: Trip or Trap (FS) Let's Talk About Goof Balls and Pep Pills (FS)	Tane Press 2814 Oak Lawn Avenue. Dallas, Texas 75219
Drug Addiction (F) The Losers (F) Narcotics- Why Not? (F) LSD: Insight or Insanity (F)	Southeast Suburban Film Library Radnor School District Wayne, Pa. 19087
Youth and the FW (F) For God's Sake, Jail My Son and Save His Life (F)	Teen Challenge 1620 N. Broad Street Phila., Pa. 19121

FILMS, FILMSTRIPS AND SLIDES (cont'd)

Title	Source
Trip to Where?(F) LSD (F)	U.S. Dept. of Navy (Local Navy Bases)
Way Out (F)	Valley Forge Films, Inc. Chester Springs, Pa. 19425
And the Earth Shall Give Back Life (F) File Number Five (F) Nation's Nightmare (F)	Viking Motion Pictures 625 Madison Avenue New York, N.Y. 10022
Drug Addiction (F) Monkey on My Back (F)	Washington State Department of Health Olympia, Wash. 98501
Drug Abuse -- Drug Addiction (F)	U.S. Department of HEW Food and Drug Administration Washington, D.C. 20201

TAPES AND RECORDS

Title	Source
Relationship of Alcohol to Drugs (T*)	Alcoholics Anonymous (local branches)
Teen Challenge '70 (T)	Teen Challenge Book Room 1620 N. Broad Street Phila., Pa. 19121
Instant Insanity: Drugs (R*)	Key Records Los Angeles, Calif.

*T - Tape
*R - Record

RESOURCES FOR SCHOOL PROGRAMS

Organization	Address/Telephone	Personnel	Resources
Abington Memorial Hospital (Tele-Help, Inc.)	1200 Old York Road Abington, Pa. 885-4000	Dr. Norman Jablon Dr. Herbert Greenspan	"Hot Line" Counseling Referral
Adelphi University	Garden City, N.Y.	Dr. Victor Gioscia, Sociologist	Regional Center: Teacher-training in drug education (USOE program)
American Chemical Society (Philadelphia Section)	215 S. 34th Street Phila., Pa. 19104; EV 2-1589	Mrs. V. Golden, Information	Consultants Films
American Legion (Department of Pa.)	Box 2324 Harrisburg, Pa. 17105	Edward T. Hoak, Adjutant	Consultants Films Pamphlets
Americans Mobilized to End Narcotics Abuse -- AMEN	Catholic Youth Organization 1819 Arch Street Philadelphia, Pa. 19103 LO 7-6969	Rev. James McCusker, Local Coordinator	Consultants Pamphlets Counseling Info. Specialists
Antrim Bureau, Inc.	P. O. Box 99 320 Bickley Road Glenside, Pa. 19038 TU 7-4860	Donald Richwagen, Pres. Charles W. McPheeters, Consultant	Consultants Films
Berkes County Methadone Treatment Center	Reading, Pa. 19602	Dr. Peter T. Pugliese, Director	Out-Patient Treatment Former Addicts Consultants
The Bridge	8400 Pine Road Phila., Pa. 19111	Rev. Peter P. Quinn, Director	Resident Treatment Former Addicts Consultants

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Bryn Mawr Hospital -- Youth Psychotherapy Center	Bryn Mawr, Pa. 19010 527-0600	Dr. [illegible] Mackey, Physician	Out-Patient Treatment Therapy
Bucks County Commissioners (Drug Abuse Committee)	Courthouse Doylestown, Pa. 18901 348-2911	Charles A. Meredith, III, Chairman A. Francis Casper, Coord.	Pending: "Hot Line" Storefront counseling Halfway houses Guidance Councils
Bucks County Medical Society (Committee on Teenage Drug Abuse)	Doylestown, Pa. 18901	Dr. Stanley F. Peters, Chairman	Consultants School Programs Pamphlets Information
Bucks County Psychiatric Center	530 W. Butler Ave. Chalfont, Pa.; 348-4955	Staff	Teaching Cadres Counseling
Carlisle Community Drug Committee	Carlisle, Pa. 17013 (717) 243-3944	Dr. Joseph E. Green, III, Consultant	Consultants
Church of the Brethren	1803 Salem Road Colony Park Reading, Pa. 19605	Rev. Donald Robinson, Pastor	Consultants
Community Committee on Drug Abuse -- CCDA	2122 W. Columbia Ave. Phila., Pa. 19133 CE 5-7900	William Campbell, Dir. Turner DeVaughn, Case Worker	Out-Patients Therapy Counseling Consultants
CONFRONT	Grace Lutheran Church Shillington Reading, Pa. 19607	Rev. F. Muhr, Pastor Mrs. Anita Goldman, Consultant	Counseling Consultants

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Council on Addictive Diseases -- COAD	33 E. Washington St. West Chester, Pa. 19380 696-5067	Mrs. Phillips Street, Director	Information Library Consultants Counseling
Crestmont Half-Way House (Drug Alert)	1555 Rothley Ave. Crestmont, Pa. OL 9-5045	Herman Young, Dir. Oliver Roach, Consult.	Hotline Counseling Information Consultants
Cumberland County Bar Association	Carlisle, Pa. 17013 (717) 249-1626	John B. Fowler, III	Consultants
Cumberland County District Attorney's Office	Carlisle, Pa. 17013 (717) 249-1133	Jacob Sheely, D.A.	Information Consultants
Daytop Village	431 Princeton Avenue Trenton, N.J. (609) 394-3203	Staff	Encounter Groups Counseling Consultants
Delaware Valley Mental Health Foundation	833 Butler Avenue Doylestown, Pa. 18901 345-0444	Dr. S. Haig, Dir.	Resident Treatment Consultants Out-Patients
Devereux Foundation	19 S. Waterloo Road Devon, Pa. 19333 MU 8-2600	Leonard Green, Asst. Dir. of Education Dr. Henry Platt, Psych.	Consultants
Eagleville Hospital and Rehabilitation Center	P.O. Box 45 Eagleville, Pa. 19408	Joseph Ershun, Director Dr. Donald J. Ottenberg, Medical Director Dr. Alvin Rosen, Clinical Director Ronald E. Munro, Dir. Education	Resident Treatment Out-Patients Marathon and Encounter Therapy Counseling Information Consultants Pamphlets

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Embreeville State Hospital	Embreeville, Pa. 19340	Dr. Donald Twaddell, Psychiatrist	Resident Treatment Consultants
EXIT	65 Bellevue St. Penndel, Pa.; 757-5157	Henry Dini, Pres. Fred Veith, Consult.	"Hot-Line"
Family Service Health Center	300 S. High St. West Chester, Pa. 19380 696-4900	Curtis L. Klapham, Director	Group Therapy Diagnosis Counseling & Info.
Gaudenzia House	1834 Tioga St. Philadelphia, Pa. 19100 232-6216 229-8835 1030 S. Concord Road West Chester, Pa. 19380	John Ruocco, Dir. Robert Boriello, Asst. Phil. Foster, Consult. James Hess, Consult.	Resident Treatment Counseling Information Consultants
Guild of Philadelphia Hospital Pharmacists	2601 Parkway Philadelphia, Pa. 19103	Staff	Consultants
Greater Phila. Council on Narcotics and Dangerous Drugs	1610 Spruce St. Phila., Pa. 19102 KI 5-3290	Louis Schneiderman, President Kenneth J. Smith, Treas.	Information Consultants
Hahnemann Community Mental Health Center	Hotel Philadelphia 314 N. Broad St. Phila., Pa. 19107 561-2224	Staff	Out-Patients Consultants
Haverford State Hospital	Havertown, Pa. 19040 JA 8-5500	Dr. Gerald Gordon Psychiatrist	Resident Treatment Consultants

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Help, Inc.	2310 Locust St. Phila., Pa. 19103 546-7766-7	Staff	Hotline "Crash Pad" Counseling
Help, Instruct, and Prevent in Drugs -- HIPID	Upper Darby Jaycess	William A. Slawter, Chairman	Counseling Information Consultants
Horizon House	300 East 4th St. New York, N.Y.	Staff	Out-Patients Counseling, Consults.
Jewish Employment and Vocational Service	1913 Walnut St. Phil., Pa. 19103 561-6150	Michael Gold, Supvr.	Out-Patients Employment Services Consultants
Jewish Family Services	1610 Spruce St. Phila., Pa. 19103 KI 5-3290	William E. McKenna, Director	Counseling Information
(Project for Main Line Youth)	63 W. Lancaster Ave. Ardmore, Pa. 19003	Mrs. Ellen Shapen, Dir Chuck Cohen, Case Worker	Consultants
Lankenau Hospital	Lancaster & City Line Aves. Phila., Pa. 19151 GR 7-7600	Morris Barrett, Dir. Ed. Dr. Vincent Miraglia Dr. F. Morale	Inf. & Counseling Consultants Health Museum
Lansdale-Ambler Base Service Unit	46 E. Butler Ave. Ambler, Pa. 19002 643-5522	Staff	Diagnosis Evaluation Referral
Lockheed Information Systems	Atlantic Operations 1400 Spring St. Silver Springs, Md. 20910	Robert A. Campbell, Regional Representative	"Drug Decision" -- Drug Abuse Education Program for Youth
Mantua Halfway House (Young Great Society)	428 N. 38th St. Phila., Pa. 19104 275-5000	Staff	Group Therapy Consultants Counseling

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Montgomery County Commissioners (Drug Advisory Committee)	Courthouse Airy & Swede Sts. Norristown, Pa. 19401 275-5000	Andrew L. Lewis, Jr. Chairman	Pending: Inf. & Education Treatment Centers Hotlines
Montgomery County Suburban Center for Alcoholism and Addiction	6 E. Basin St. Norristown, Pa. 19401 277-5284	Staff	Group Therapy Out-Patients Counseling & Consults
Narcotics Addict Rehabilitation Center Organization -- NARCO	1705 Arctic Ave. Atlantic City, N.J. (609) 345-4035-1577	Staff	Out-Patients Group Therapy Consultants
National Clearinghouse for Drug Abuse Information -- NCDAI	5454 Wisconsin Ave. Chevy Chase, Md. 20015	Staff	Drug Curricula Pamphlets Films
National Council on Alcoholism (Berks County Chapter)	Reading, Pa. 19601	Dr. J.G. Chen Lee, Pres. Mrs. Sarah Boyd, Dir.	Consultants Information
New Jersey Neuropsychiatric Institute	Princeton, N.J. (609) 466-0400	Dr. Frances E. Cheek Stephen Newell	Resident Treatment Consultants
New Jersey Regional Drug-Abuse Council	Moorestown, N.J. 08057	Alan Antonucci, Counsel	Teacher training
Norristown State Hospital (Alcoholism Treatment Prog.)	Stanbridge/Sterigere Sts. Norristown, Pa. 19401 275-9700	Dr. Dorothy Cleaver, Assistant Director	Resident Treatment Consultants
Northwest Phil. Mental Health Center	9801 Germantown Ave. Phila., Pa. 19119 247-1600	Staff	Out-Patients Counseling Consultants
Old York Road Community Council	505 Old York Road Jenkintown, Pa. 19046 TU 7-8206	William Green, President	Hotline Mobile Storefront Counseling & Info. Consultants

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
OPTION	504 Devereaux St. Phila., Pa. 19120	Mrs. Terry Lavelle, Pres. Harry Doyle, Consult. Mrs. Nancy Aron, Consult.	Consultants Group Therapy Counseling
Paoli Memorial Hospital (Addiction Treatment Center)	Industrial Blvd. Paoli, Penna. 19301 647-5210	Staff	Out-Patients Counseling Consultants
Pennsylvania Association of Retail Druggists	2017 Spring Garden St. Phila., Pa. 19101 LO 3-7717	Staff	Information Pamphlets Consultants
Pennsylvania Dental Assoc.	Hershey, Pa. 17033	Dr. John J. Lucas	Consultants Information
Pennsylvania Dept. of Ed. (Div. of Health, Physical and Conservation Education)	P. O. Box 911 Harrisburg, Pa. 17126	Michael E. Flanagan, Div. Coordinator Douglas Boelhouver, Joseph R. Carr Robert G. Zeigler	Curricula Films Consultants Information Pamphlets
Penna. Dept. of Health (Div. of Drug Control)	Southeast Area Office 915 Corinthian Ave. Phila., Pa. 19123 CE 2-5550	Samuel Levin, Director John D. Hoffman, Agent Jack L. Hopson, Agent Kenneth Haas, Agent	Films Consultants Information Pamphlets
(Drug Distr. & Narcotic Control)	Harrisburg, Pa. 17120	Donald F. Walters, Chief	
(Div. Public Health Ed.)	Harrisburg, Pa. 17120	Dr. P. W. Wilcox, Dir.	
(Institute for Alcoholism, Narcotic Addiction and Com- pulsive Gambling)	915 Corinthian Ave. Phila., Pa. 19123 232-5550	Dr. Martin D. Kissen, Dir.	

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Pennsylvania Dept. of Public Welfare	Harrisburg, Pa. 19120	Dr. Joseph Addestein, Deputy Secretary Mental Health & Retardation	Consultants
Penna. General Assembly	Harrisburg, Pa. 19122	Rep. Milton Berkes (D. Bucks) Rep. James A. Gallagher (D. Bucks)	Bill to establish Drug, Narcotic, and Alcohol Abuse Commission
Penna. Medical Society	Taylor Bypass/Erford Rd. Lemoyne, Pa. 17043	Samuel Price Dr. Richard Patterson	Consultants
Pennsylvania Pharmaceutical Association	Harrisburg, Pa. 19123	Morris Blatman, Dir.	Consultants
Penna. State Police	Schwenksville, Pa. 18078	Sgt. T. Halloway Trooper George Balsai	Consultants Pamphlets, Films
Pharmacy Health Council of Philadelphia	530 Vernon Rd. Phila., Pa. VI 4-5501	Staff	Consultants Information
Phila. College of Pharmacy and Science	43rd St. & Kingsessing Phila., Pa. 19104 EV 6-5800	Dr. Emmett Kurtz, Prof.	Consultants
Phila. County District Attorney's Office	City Hall Phila., Pa. 19101 MU 6-9700	Arlen H. Spector, D.A. Lewis Mitrano, Asst. D.A. David Berman, Addt. D.A.	Consultants Information
Phila. County Medical Examiner's Office	13th and Wood Sts. Phila., Pa. 19107 MU 6-9700	Dr. Joseph Spelman, Chief Dr. Tillman Hahn, Invest. Dr. Allen Ressa, Invest. Dr. Halvert E. Fillinger, Pathologist	Consultants Information Films

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Phila. County Medical Society	2100 Spring Garden St. Phila., Pa. 19101 LO 3-5343	Staff	Consultants Films Information
Phila. Diagnostic and Rehabilitation Center	304 Arch St. Phila., Pa. 19107 925-3909	Dr. Irving Shandler, Exec. Director	Out-Patients Group Therapy Consultants
Phila. Police Dept. (Narcotics Div.)	22nd St. & Hunting Park Phila., Pa. 19130 MU 6-9700	Lt. Peter Noga, Chief	Consultants Films Information
Phila. Psychiatric Center	Ford Rd. & Monument Ave. Phila., Pa. 19131 877-2000	Staff	Group Therapy Consultants
Phoenix House	New York, New York	Staff	Consultants Resident Treatment
Post House	Moorestown, N.J.	Edward Blair, Director	Group Therapy Consults., Counsel.
Pottstown Area Mental Health Clinic	1314 High St. Pottstown, Pa. 19464	Staff	Out-Patients Consultants
Program Against Drug Abuse -- PADAS	2 S. 43rd St. Phila., Pa. 19104 386-8433	Staff	Encounter Groups Consultants Counseling
St. Luke's Hospital Medical Center	8th St. & Girard Ave. Phila., Pa. 19122 PO 9-2100	Dr. James C. Guiffre, Director Miss Tina Sexton	Resident Treatment Consultants
School Assembly Services, Inc.	8116 Old York Road Elkins Park, Pa. 19117 ME 5-1117	Staff	Consultants

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Services to Overcome Drug Abuse Among Teenagers -- SODAT	314 Edgmont Ave. Chester, Pa. 19013 TR 4-2952	Dr. Leonard Rosen Dr. Frank Matthews	Consultants Out-Patients Counseling & Inf.
Smith, Kline and French Laboratories	Speakers Bureau 1500 Spring Garden St. Phila., Pa. 19101 LO 4-2400	William J. Skinner, Mgr. Consumer Protection Dr. Henry J. Aulage, Clinical Studies	Films Consultants
Teen Challenge	1620 N. Broad St. Phila., Pa. 19121 232-4636	Rev. Robert Bartlett, Dir. Donald Milam, Assoc. Dir.	Consultants Resident Treatment Films, Tapes, Counsel.
(Training Center)	Rehrersburg, Pa.	Rev. Frank Reynolds, Dir. Delmar Ross. Assoc. Dir.	
Temple University	Broad St. & Montgomery Phila., Pa. 19133	Dr. John C. Ball, Prof. Dr. Morton Levy, Prof.	Information Consultants
(School of Medicine)	3400 N. Broad St. 787-5705	Dr. Fred B. Glaser	
(Drug Education Activities Office)		Allan M. Fox, Dir.	
Treatment of Drugs Among Youth, Inc. -- TODAY	Village Farm Doublewood & Woodbourne Rds. Middletown Twp., Bucks County, Pa. 18970	John A. Young, Dir. Wm. H. Eastburn, Pres. Paul J. Kavanaugh, Asst. John Hopson, Prog. Chm.	Resident Treatment Out-Patients Counseling Consultants

RESOURCES FOR SCHOOL PROGRAMS (cont'd)

Organization	Address/Telephone	Personnel	Resources
Tri-County Hospital	Sproul Road & Thompson	Ernest Schleusener, Pres.	"Hotline" Counseling
(Pipe-Line, Inc.)	Springfield., Pa. 19064 SH 7-8470		
U.S. Treasury Dept. (Bureau of Narcotics and Dangerous Drugs)	605 U.S. Customs House 2nd & Chestnut Sts. Phila., Pa. 19106 597-4310	John Finlator, Deputy Dir. Edward T. Kelly, Regional Dir.	Consultants Information Films
Valley Forge Films, Inc.	Chester Springs, Pa. 19481 827-7411	Larry Smith, Educ. Specialist	Consultants Films
West Philadelphia Community Health Consortium	P. O. Box 8076 Phila., Pa. 19101 BA 2-5583 Offices: Stouffer Bldg. #10 Phila. General Hospital 34th St./Civic Center Philadelphia, Pa. 19104	William F. Wieland, Dir. Robert L. Leopold, Clinical Director William J. O'Keefe, Coord. Drug Education	Out-Patients Consultants Counseling

Appendix

SCHOOL DISTRICTS PARTICIPATING IN THE SURVEY

Code	District
#1	Antietam
#2	Boyertown Area
#3	Carlisle Area
#4	Chambersburg Area
#5	Cheltenham Township
#6	Coatesville Area
#7	Collingdale
#8	Colonial
#9	Cornwall-Lebanon
#10	Daniel Boone Area
#11	Downingtown Area
#12	Gettysburg Area
#13	Governor Mifflin
#14	Great Valley
#15	Hanover Burough
#16	Hatboro-Horsham
#17	Interboro Joint
#18	Jenkintown
#19	Kennett Consolidated
#20	Lebanon
#21	Marple-Newtown
#22	Mechanicsburg Area
#23	Methacton
#24	Middletown Area
#25	Norristown Area
#26	North Penn
#27	Oxford Area
#28	Penn-Delco Urion
#29	Perkiomen Valley
#30	Pottsgrove
#31	Pottstown
#32	Radnor Township
#33	Ridley
#34	Sharon Hill
#35	Shippensburg Area
#36	Souderton Area
#37	Springfield (Delco)
#38	Springfield Township (Montco)
#39	Spring-Ford Area
#40	Swarthmore-Rutledge
#41	Tredyffrin-Easttown
#42	Unionville-Chadds Ford
#43	Upper Perkiomen
#44	Waynesboro Area
#45	West Chester Area
#46	West Shore
#47	Wilson
#48	Yeadon